P03000042433

(Re	questor's Name)		
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SECRETARY OF STATE

ACEROVED AND FILED

FE3.18 2015

COVER LETTER

	Amendment Section Division of Corporations
SUBJEC	NORTH FLORIDA TECHNOLOGY SOLUTIONS, INC.
SUBSEC	(Name of Corporation)
DOCUM	MENT NUMBER: P08000042433
The encl	losed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
ADA	M HENDERSON
	(Name of Person)
	(Name of Firm/Company)
PO E	30X 105
	(Address)
CAL	LAHAN, FL 32011
	(City/State and Zip Code)
For furth	ner information concerning this matter, please call:
ADA	M HENDERSON _{at (} 904 ₎ 294-7798
	(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of secti	ions 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,		
i fortua statutes, the undersigned,	(Name of Registered Agent)	
hereby resigns as Registered Ager	NORTH FLORIDA TECHNOLOGY SOLUTIONS, INC.	
	(Name of Corporation)	
P08000042433		
(Document Number, if known)		
A copy of this resignation was ma	ailed to the above listed corporation at its last known address.	
The agency is terminated and the this statement is filed.	office discontinued on the 31st day after the date on which	
	(Signature of Resigning Agent)	
If signing on behalf of an entity:		
	Typed or Printed Name Typed Or Printed Name Typed Or Printed Name Typed Ty	15 FEB
	legistered Agent SSR	8 3
	/ (Capacity)/	

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314