Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE. INC.

Account Number : I20000000019 Phone : (305)552-5973

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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| MEMESS: | | | |

REGISTERED AGENT RESIGNATION **CIZERON 1 CORP**

| Certificate of Status | 0 |
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| Page Count | 02 |
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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| 2 4 5 4 6 5 6 6 7 6 6 7 6 7 6 7 6 7 6 7 6 7 6 7 | 50 9 , |
|---|-------------------|
| Florida Statutes, the undersigned, OSCAR FARIA | |
| (Name of Registered Agent) | |
| hereby resigns as Registered Agent for CIZCTON 1 CON | P |
| (Name of Corporation) | 1. |
| P0800003047 (Document Number, if known) | |
| A copy of this resignation was mailed to the above listed corporation at its last know | n address. |
| The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed. | n which |
| (Signature of Resigning Agent) | ~3 |
| 1 m - | 2017 |
| If signing on behalf of an entity: | |
| an algumity of the entiry. | |
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| (Typed or Printed Name) | <u>></u> |
| —————————————————————————————————————— | AH 11: 07 |
| No. 20 | •• |
| <u> </u> | 7 |
| (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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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