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| Certified Copies | Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: South Side Health Enterprises, Inc. |
| DOCUMENT NUMBER: PO9 000027570 |
| The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Marvin Kellindal |
| Marvin Kellindal (Name of Person) Sathside Spec (Name of Firm/Company) |
| Sathside Spa |
| |
| |
| Sar Ksonville Fl. 32211 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Manun Hindal at (904) 607 0180 (Area Code & Daytime Telephone Number) |
| Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporatio or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 |

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Flore Sumble

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, |
|--|
| Florida Statutes, the undersigned, Mary Klindal Mary Klub (Name of Registered Agent) hereby resigns as Registered Agent for Sulscle Health Enterprises, Inc., |
| hereby resigns as Registered Agent for Sull Side Health Enterprises, Ir., (Name of Corporation) |
| (Document Number, if known) |
| A copy of this resignation was mailed to the above listed corporation at its last known address. |
| The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. (Signature of Resigning Agent) If signing on behalf of an entity: |
| (Capacity) (Typed or Printed Name) SECRETARY OF STARLED STARL A HASSEE FLORE STARLED |

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withdrawn corporation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