P090000 43749

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

Office Use Only



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2012 NUG 10 P 1: 45
SECRETARY OF STATE
ALLAHASSEE. FLORIDA

AUG 15 2012

T. LEMIEUX

COVER LETTER

| TO: Amendment Section Division of Corporations | |
|--|---|
| SUBJECT: Art Management Group, Inc. | |
| (Name of Corporate | ion) |
| DOCUMENT NUMBER: P09000043749 | |
| The enclosed Resignation of Registered Agent for a Corpor | ration and fee are submitted for filing. |
| Please return all correspondence concerning this matter to t | he following: |
| ROBIN MOLT | |
| (Name of Person) | - |
| Corporaiton Service Company | _ |
| (Name of Firm/Company) | |
| 80 State Street | |
| (Address) | - |
| Albany NY 12207 | |
| (City/State and Zip Code) | _ |
| For further information concerning this matter, please call: | |
| Robin Molt _{at (} 518 | 433-7018 ext 60311 e & Daytime Telephone Number) |
| (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

| | ons 607.0502(2), 617.0502(2), 607.1509, or 617.150 | 19, |
|---|---|----------|
| Florida Statutes, the undersigned, Corporation Service Company (Name of Registered Agent) | | |
| | | |
| notes, resigns as registered rigen. | (Name of Corporation) | |
| P09000043749 | | |
| (Document Number, if known) | | |
| A copy of this resignation was mai | led to the above listed corporation at its last known | address. |
| this statement is filed. | office discontinued on the 31st day after the date on a service Company | which |
| | (Signature of Resigning Agent) | |
| If signing on behalf of an entity: | | |
| Robin Molt | | |
| " - | (Typed or Printed Name) | 2 |
| asst secret | ary (Capacity) ALL AHASSE (Capacity) | |
| | | |
| | | |
| · | filing this document: - Active corporation | - - |
| | - Administratively dissolved/voluntarily dissolved/ | |

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

withdrawn corporation