# P09000101764

(Re	equestor's Name)	
(Address)		
(Ad	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
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### COVER LETTER

Division of Corporations		
SUBJECT: Investments For All, Inc.		
	(Name of Corpor	ation)
DOCUMENT NUMBER: P09000101764	, 	
The enclosed Resignation of Registered	d Agent for a Corpe	oration and fee are submitted for filing.
Please return all correspondence conce	rning this matter to	the following:
Derek LaPorte		
(Name of Person)		_
Investments For All, Inc.		
(Name of Firm/Compa	iny)	_
129 Shoreline Circle		
(Address)		_
Defuniak Springs, FL 32433		
(City/State and Zip Co	ode)	_
For further information concerning this	matter, please call	:
Benjamin La Luzerne	702 at (	268-5708 _) .le & Daytime Telephone Number)
(Name of Person)	(Area Co	le & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

#### **Mailing Address:**

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

#### Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509.	
Florida Statutes, the undersigned,	Benjamin La Luzerne	
	(Name of Registered Agent)	
hereby resigns as Registered Agen	Investments For All, Inc. (f/k/a Printed Time Entertainment, Inc.)	
neredy resigns as registered regen	(Name of Corporation)	
P09000101764		
(Document Number, if known)	<del></del>	
A copy of this resignation was ma	iled to the above listed corporation at its last known address.	
The agency is terminated and the control this statement is filed.	Office discontinued on the 31° day after the date on which  (Signature of Resigning Agent)	
If signing on behalf of an entity:		
	(Typed or Printed Name)	
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved voluntarily dissolved/ withdrawn corporation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