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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| (Do | cument Number) | |
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COVER LETTER

| | endment Section sion of Corporations | | |
|----------------|---|-----------------------------|--|
| SUBJECT: | | | |
| DOCUMEN | NT NUMBER: P100000318 | ame of Corpora 26 | tion) |
| The enclosed | d Resignation of Registered Ager | nt for a Corpor | ration and fee are submitted for filing. |
| Please return | n all correspondence concerning (| this matter to | he following: |
| Jose N | /I Vega | | |
| <u> </u> | (Name of Person) | | - |
| | | | |
| | (Name of Firm/Company) | | _ |
| 25 SE | 2 AVE 410 | | |
| | (Address) | | - |
| MIAMI | , FL. 33131 | | |
| | (City/State and Zip Code) | | _ |
| For further is | nformation concerning this matte | r, please call: | |
| JOSE | M VEGA | _{at} 786 | ,290-3418 |
| | (Name of Person) | at (Area Code | e & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, |
|---|
| Florida Statutes, the undersigned, JOSE M VEGA |
| (Name of Registered Agent) |
| hereby resigns as Registered Agent for CRISTULIA CORP |
| (Name of Corporation) |
| P10000031826 |
| (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. |
| and statement is fined. |
| |
| (Signature of Resigning Agent) |
| |
| If signing on behalf of an entity: |
| Q 2 / 2 / Ec 4. |
| (Typed or Printed Name) |
| , , , , , , , , , , , , , , , , , , , |
| ALL SEC |
| (Capacity) |
| SSE - W |
| FID (m) |
| For 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