## P10000070729

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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C LEWIS

## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: INVEST OPTION H	OLDIN	NGS, INC.	
(Name DOCUMENT NUMBER: P10000070729	of Corporati	ion)	
The enclosed Resignation of Registered Agent fo	or a Corpora	ation and fee are submitted for	filing.
Please return all correspondence concerning this	matter to th	ne following:	
Emily Smith			
(Name of Person)		•	
Paracorp Incorporated			
(Name of Firm/Company)		•	
PO Box 160568			
(Address)		•	
Sacramento, CA 95816			
(City/State and Zip Code)		•	
For further information concerning this matter, p	lease call:		
Sharon Cooke		533-7272	
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Paracorp Incorporated
(Name of Registered Agent)
hereby resigns as Registered Agent for INVEST OPTION HOLDINGS, INC.
(Name of Corporation)
P1000070729
(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.
Shannasne (Signature of Resigning Agent)
(Signature of Resigning Agent)
If signing on behalf of an entity:
Sharon Cooke
(Typed or Printed Name)
Assistant Secretary, Paracorp Incorporated

## 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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)