Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007

: (702)866-2500

Fax Number : (702)866-2689

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

REGISTERED AGENT RESIGNATION EAST COAST HOT ROD INC.

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COVER LETTER

Division of Corporation			
SUBJECT: EAST COAST F			· · · · · · · · · · · · · · · · · · ·
DOCUMENT NUMBER:	(Namı P11000	of Corporat 030457	ion)
	egistered Agent f	or a Corpor	ation and fee are submitted for filin
Please return all correspondence	e concerning this	s matter to t	he following:
Wendy	Hefley		
(Name of	Person)		-
Incorp Sen	vices, Inc.		
(Name of Fin	m/Company)		-
2360 Corporate 0	Circle, Suite 4	00	
(Add	ress)		-
Henderson,	NV 89074		
(City/State ar	nd Zip Code)		-
For further information concern	-		
Wendy Hefley for Incorp S	ervices, Inc.	, 702	866-2500 ext. 6601
(Name of Person	<u> </u>	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,			
Florida Statutes, the undersigned, Incorp Services, Inc.			
(Name of Registered Agent)			
hereby resigns as Registered Agent for EAST COAST HOT ROD INC.			
(Name of Corporation)			
P11000030457			
(Document Number, if known)			
A copy of this resignation was mailed to the above listed corporation at its last known address.	AON 9182		
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. InCorp Services, Inc.	6- ADN	7	
Wilde T	М	MO	
(Signature of Resigning Agent)	ų: 10	5	
If signing on behalf of an entity:	0		
Wendy Hefley			
(Typed or Printed Name)			
Authorized Representative			
(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