P11000032297

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R/A-Resign

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Jakebe Inc. (Name of Corporation)
DOCUMENT NUMBER: 38-3863075
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Monica Josephs (Name of Person)
Jakehe Inc. (Name of Firm/Company)
5135 International Dr. #4
Orlando, FL 30819 (City/State and Zip Code)
For further information concerning this matter, please call:
Monica Josephs at (407) 353-6280 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 sections 607.0503(2), 617.0502(2), 607.1509, or 617	.1509,
Florida Statutes, the undersigned. Yur + Joseph S (Name of Registered Agent)	
hereby resigns as Registered Agent for <u>Jakebe Inc.</u> (Name of Corporation)	
38-3863075 P11000032297 (Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last kno	own address.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on which
Signature of Resigning Agent) If signing on behalf of an entity:	2020 JUL 16
(Typed or Printed Name)	PH 2:
	53

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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