P12000032810

| (Re | equestor's Name) | | |
|---|--------------------|-------------|--|
| (Ad | ldress) | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | isiness Entity Nar | ne) | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
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COVER LETTER

| TO: Amendment Section Division of Corporations | | | |
|--|--|---|-------------|
| SUBJECT: Resignation | of Registered A | gent | |
| DOCUMENT NUMBER: P1200 | (Name of Corporation) 00022810 | | |
| The enclosed Resignation of Regist | ered Agent for a Corporation | and fee are submitted for fil | ling. |
| Please return all correspondence co | ncerning this matter to the fo | llowing: | |
| Helen Atter | | | |
| (Name of Pers | on) | | |
| Wood, Atter & Wolf | | | |
| (Name of Firm/Co | mpany) | | |
| 814 A1A North, Sui | te 202 | | |
| (Address) | | | |
| Ponte Vedra Beach (City/State and Zip | • | P. | t s |
| For further information concerning | this matter, please call: |) 70 | |
| Helen Atter (Name of Person) | at (904)35 | 55-8888 aytime Telephone Number) | 1.24 PH |
| Enclosed is a check made payable to or \$35.00 for an administratively di | o the Florida Department of S ssolved, voluntarily dissolved | State for \$87.50 for an active d or withdrawn corporation. | 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, Wood, Atter & Wolf, P.A. |
| (Name of Registered Agent) |
| hereby resigns as Registered Agent for Da Vinci Fine Art Consulting, Inc. |
| (Name of Corporation) |
| P12000022810 |
| (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. (Signature of Resigning Agent) If signing on behalf of an entity: |
| Wood, Atter & Wolf, P.A. (Typed or Printed Name) |
| (Typed or Printed Name) |
| Partner (Caracita) |
| (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