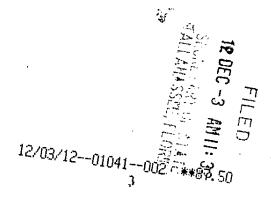
P12000024951

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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Oliva California

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COVER LETTER

| TO: Amendment Section Division of Corporations | |
|--|--|
| SUBJECT: BOCA KICKBOXING INC. (Name of Corporation) | |
| DOCUMENT NUMBER: P12.000024951 | |
| 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: | |
| Chnstopher Esposito (Name of Person) | |
| Bota Kickboxing Inc. (Name of Firm/Company) | |
| 8221 Glades Rd. Suite 13. (Address) | |
| BCCA ROHON FL 33434 (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| Christopher Esposito at (561) 451 9999 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 69 | 07.0502(2), 617.0502(2), 607.1509, or 617 | .1509, |
|---|--|--|
| Florida Statutes, the undersigned, | Sandra L. Segersbol (Name of Registered Agent) | |
| hereby resigns as Registered Agent for | BOCO KICK DOXING INC. (Name of Corporation) | - The state of the |
| P12000024951 (Document Number, if known) | _ | The state of the s |
| A copy of this resignation was mailed to | o the above listed corporation at its last kno | |
| this statement is filed. | discontinued on the 31st day after the date | on which 11:32 |
| If signing on behalf of an entity: | | |
| (| Typed or Printed Name) | |
| | (Canacity) | |

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
Tailahassee, FL 32314