

| (Re | equestor's Name) | |
|---|--------------------|-----------|
| (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: DE Holdings Inc. (Name of Corporation) |
| DOCUMENT NUMBER: P12000078309 |
| 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: |
| Dana J Calandra (Name of Person) |
| OE Holdings Inc. (Name of Film/Company) |
| 2815 Directors Row Ste. 100 (Address) |
| Orlando FL 32809 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Dana Calandra at (407) 601-7951 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617. | 1509, |
|---|-------------|
| Florida Statutes, the undersigned, Poul Seriuco (Name of Registered Agent) | |
| hereby resigns as Registered Agent for <u>OE Holdings. Inc</u> (Name of Corporation) | <u> </u> |
| P12000078309 | |
| (Document Number, if known) | |
| A copy of this resignation was mailed to the above listed corporation at its last know | wn address. |
| The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed. | on which |
| N/A | SEE FALL |
| (Signature of Resigning Agent) | |
| If signing on behalf of an entity: | 8 2 T |
| Dana J Calandra (Typed or Printed Name) | ED |
| Accounting Manager (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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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