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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

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

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## REGISTERED AGENT RESIGNATION SECURITY KEY SYSTEMS, INC.

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## RESIGNATION OF REGISTERED AGENT ACTARY OF SELECTION FAIL MEASURE OF THE SELECTION OF THE SE

	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	Capitol Corporate Services, Inc.
hereby resigns as Registered Agen	(Name of Registered Agent)
SECURITY KEY SYSTEMS	, INC.
5466667656	(Name of Corporation)
P12000079599	
(Document Number, if known)	
A copy of this resignation was ma	iled to the above listed corporation at its last known address.
The agency is terminated and the of this statement is filed.	office discontinued on the 31st day after the date on which
	(Signature of Resigning Agent)
<del></del>	(Signature of Resigning Agent)
If signing on behalf of an entity:	
	Brian Radecki
	(Typed or Printed Name)
	Assistant Secretary
	(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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

CR2E046 (12/19)