

P120000081375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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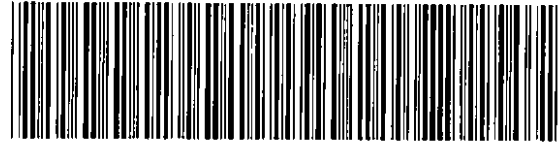
(Business Entity Name)

(Document Number)

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DEPT. OF STATE
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R. HUNT

11/02/23

**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, YOUR CAPITAL CONNECTION, INC.
(Name of Registered Agent)

hereby resigns as Registered Agent for HANDICAPPED SALES
(Name of Corporation)

WORKSHOP INC.
(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.

Barbara M. [Signature]
(Signature of Resigning Agent)

If signing on behalf of an entity:

YOUR CAPITAL CONNECTION, INC.
(Typed or Printed Name)

CLIENT REPRESENTATIVE
(Capacity)

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DIVISION OF CORPORATIONS

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withdrawn corporation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