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COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: Optimum Iducation Brup, Inc. (Name of Corporation)					
DOCUMENT NUMBER: <u>P 130 00065 90 1</u>					
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:					
(Name of Firm/Company)					
2469 N 78th Street apt 204. (Address)					
Histoph, FL. 33016. (City/State and Zip Code)					
For further information concerning this matter, please call:					
(Name of Person) at (305) 778-0894 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of	sections 607.0503(2),	617.0502(2), 607.1509,	or 617.1509,
Florida Statutes, the undersig	gned, <u>ELBA</u>	CASTANOS (Name of Registered Agen	
hereby resigns as Registered	Agent for <u>Optime</u>	(Name of Registered Agen (Name of Corporation)	
P130 00065901			
(Document Number, if kn			
A copy of this resignation wa	is mailed to the above	listed corporation at its	last known address.
The agency is terminated and this statement is filed.	the office discontinue	ed on the 31st day after t	he date on which
	1	Iloso	
	(Signature of Res	igning Agent)	
If signing on behalf of an ent	ity:		
	(Typed or Print	ted Name)	
	(.,)	,	
	(Capaci	ity)	
<u>\$8</u>	te for filing this docur	tion	·
23	o.00 - Administrativer withdrawn corp	ly dissolved/voluntarily operation	- 665 62
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