7/9/2019

Division of Corporations

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Division of Corporations

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: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (614)280-3338

Fax Number : (954)208-0845

**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 PDS - SPECIAL EVENTS, INC

Certificate of Status	0
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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

(Name of Registered Agent)

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, NRAI SERVICES, INC.

hereby resigns as Registered Agent for PDS - SPECIAL EVEN (Name of Corporation)	rs, inc
P1400009616 (Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its la	ast known address.
The agency is terminated and the office discontinued on the 31st day after the this statement is filed.	ne date on which
(Signature of Resigning Agent)	
If signing on behalf of an entity;	SECRL SECRL
Kimberly Laughrey)L-

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

ASSISTANT SECRETARY

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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