P140000 561 76

| (Requ | uestor's Name) | |
|-----------------------------------------|------------------------|------|
| (Addr | ess) | |
| (Addi | ress) | |
| (City/ | State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Busi | ness Entity Nar | ne) |
| (Doct | ument Number) | |
| Certified Copies | Certificates of Status | |
| Special Instructions to Filing Officer: | | |
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R/A-Resign

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COVER LETTER

| TO: Amendment Section Division of Corporations | |
|---------------------------------------------------|--------------------------------------------------------|
| SUBJECT: Get Life, Inc. | |
| DOCUMENT NUMBER: P14000056 | ame of Corporation) |
| | |
| The enclosed Resignation of Registered Agen | nt for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning t | his matter to the following: |
| Rahlys Harrison | |
| (Name of Person) | |
| Get Life, Inc. | |
| (Name of Firm/Company) | |
| 11204 Avery Oaks Drive | |
| (Address) | |
| Tampa, Florida 33625 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, | , please call: |
| Dahlya Hamisas | ₁ 321 ₎ 279-3693 |
| (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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,INCORP SERVICES, INC. |
| (Name of Registered Agent) |
| hereby resigns as Registered Agent for Get Life, Inc. |
| (Name of Corporation) |
| P14000056176 |
| (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. (Signature of Resigning Agent) If signing on behalf of an entity: |
| State Or 1 |
| Jessica Delgado (Typed or Printed Name) |
| Authorized Representative |
| (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