

05-29-18 01:50 PM From

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Florida Department of State
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Account Number : I20020000140
Phone : (561)844-3600
Fax Number : (561)842-4104

mares

R. WHITE
MAY 30 2018

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

Email Address: brian @ capital corporations. com

REGISTERED AGENT RESIGNATION
INNOVATIVE BEHAVIORAL LABS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$87.50

RECEIVED
18 MAY 29 PM 2:47
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA
18 MAY 29 AM 7:10

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INNOVATIVE BEHAVIORAL LABS, INC.

(Name of Corporation)

DOCUMENT NUMBER: P15000008328

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:

Jonathan A. Berkowitz, Esq.

(Name of Person)

Cohen Norris Wolmer Ray Telepman Cohen

(Name of Firm/Company)

712 U.S. Highway One, Suite 400

(Address)

North Palm Beach, FL 33408

(City/State and Zip Code)

For further information concerning this matter, please call:

Jonathan A. Berkowitz at (561) 844-3600

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, Cohen Norris Wolmer Ray Telepman Cohen
(Name of Registered Agent)

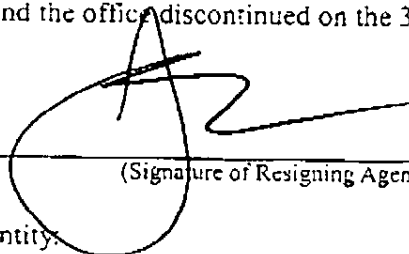
hereby resigns as Registered Agent for Innovative Behavioral Labs, Inc.
(Name of Corporation)

P15000008328

(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:

Jonathan A. Berkowitz

(Typed or Printed Name)

Partner

(Capacity)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 MAY 29 AM 7:10

FILED

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