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TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
	YECT: Your App Solution, Inc. (Name of Corporation)
DOC	UMENT NUMBER: P15000012665
The en	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
Ch	ristopher D. Cowart
 *	(Name of Person)
	(Name of Firm/Company)
519	9 E 19th Ave
	(Address)
Co	vington, LA 70433
	(City/State and Zip Code)
	orther information concerning this matter, please call:
Ch	ristopher D Cowart at (954)802-8826 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amen Divisi P.O. E	Amendment Section on of Corporations Box 6327 assee, FL 32314 Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

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, Christopher D. Cowart	
(Name of Registered Agent)	_
hereby resigns as Registered Agent for Your App Solution, Inc.	
(Name of Corporation)	_
P15000012665	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known addres	S.
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:	
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(Typed or Printed Name)	22
(Typed or Printed Name)	
	23
(Capacity)	
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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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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