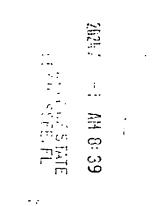
P15000080646

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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28/01/21

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: JOURNEY GROUP HOME, INC. (Name of Corporation)	
DOCUMENT NUMBER: P15000080646	
The enclosed Resignation of Registered Agent for a Corporation and fee a	re submitted for filing
Please return all correspondence concerning this matter to the following:	
Nicole Williams	
(Name of Person)	*** † **** !!
URS Agents, LLC	
(Name of Firm/Company)	
3675 Crestwood Parkway Suite 350	
(Address)	AH 8: 39 STATE SEELFL
Duluth, GA 30096	3.1. a
(City/State and Zip Code)	
For further information concerning this matter, please call:	
URS Agents, LLC at (800)5674397 (Name of Person) (Area Code & Daytime Tel	
(Name of Person) (Area Code & Daytime Te	lephone 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, URS Agents, LLC	
	(Name of Registered Agent)
hereby resigns as Registered Agent for JOURNEY G	ROUP HOME, INC.
	(Name of Corporation)
P15000080646	
(Document Number, if known)	
A copy of this resignation was mailed to the above	isted corporation at its last known address
The agency is terminated and the office discontinue this statement is filed.	d on the 31st day after the date on which
(Signature of Res	àning Agent)
(Signature Of Acts	Endig (Sent)
If signing on behalf of an entity:	
	- 3 - 1
Edwardo Saldana	12
(Typed or Prin	ed Name)
Manager	A 1 - E 2
(Capaci	1y)

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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