

P15000101024

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : ALTON NORTH AMERICA INC.
Account Number : I20100000010
Phone : (305)393-8662
Fax Number : (305)397-0323

2022 DEC 14 AM 8:38

15000101024

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

Email Address: _____

REGISTERED AGENT RESIGNATION

CARE PLUS 24 INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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2022 DEC 14 AM 11:06

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, ALTON NORTH AMERICA INC.

(Name of Registered Agent)

hereby resigns as Registered Agent for CARE PLUS 24 INC.

(Name of Corporation)

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(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.

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(Signature of Resigning Agent)

If signing on behalf of an entity:

Maximilian Karagoz

(Typed or Printed Name)

President

(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withdrawn corporation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