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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(=1), =1=====,			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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RAtesign

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: American Jujit	tsu Academ	ıy, Inc.	
DOCUMENT NUMBER: P16000	(Name of Corpora	tion)	_
The enclosed Resignation of Registere		ration and fee are submitted	— for filing.
Please return all correspondence conc	erning this matter to	the following:	
Kent Rockwell			
(Name of Person)	_	
Universal Registered A	gents, Inc.		
(Name of Firm/Comp	pany)	_	
PO Box 23788			
(Address)		_	
Overland Park, KS 6	6283		
(City/State and Zip C	Code)	_	
For further information concerning thi	s matter, please call:		
Kent Rockwell	_{31,} 855	236-9172 c & Daytime Telephone Number	
(Name of Person)	(Area Cod	c & Daytime Telephone Number	er)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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	r 617.1509,
Florida Statutes, the undersigned, Universal Registered Agents, Inc.	
(Maille of Registered rigent)	
hereby resigns as Registered Agent for American Jujitsu Acade	emy Inc.
(Name of Corporation)	
P16000012961	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last. The agency is terminated and the office discontinued on the 31st day after the this statement is filed.	
(Signature of Resigning Agent)	 . 18
If signing on behalf of an entity:	FILED PH 2: 54
Kent Rockwell	9年日
(Typed or Printed Name)	
	<u>ના</u>
CEO	
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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