Ploady 1499

| (R | equestor's Name) | | |
|---|-------------------------|--|--|
| (A | ddress) | | |
| (A | ddress) | | |
| (C | City/State/Zip/Phone #) | | |
| PICK-UP | WAIT MAIL | | |
| (8 | Business Entity Name) | | |
| (Document Number) | | | |
| Certified Copies | Certificates of Status | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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COVER LETTER

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| TO: Amendment Section Division of Corporations | | |
|--|------------------------|--|
| Subject: Sapphire Rea | Ity Corp. | |
| DOCUMENT NUMBER: P16000 | (Name of Corpor | ation) |
| The enclosed Resignation of Register | ed Agent for a Corpo | oration 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) | <u> </u> | |
| Overland Park, KS 6 | 6283 | |
| (City/State and Zip C | _ | |
| For further information concerning th | is matter, please call | : |
| Kent Rockwell | at (855 | 236-9172 de & Daytime Telephone Number) |
| (Name of Person) | at ((Area Co | de & Daytime Telephone Number) |

tion or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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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

4 . . · **V**

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 61 | 7.1509, |
|---|----------------|
| Florida Statutes, the undersigned, Universal Registered Agents, Inc. | |
| (Name of Registered Agent) | |
| hereby resigns as Registered Agent for Sapphire Realty Corp. (Name of Corporation) | |
| (Name of Corporation) | |
| P16000074979 | |
| (Document Number, if known) | |
| A copy of this resignation was mailed to the above listed corporation at its last kn | nown address. |
| The agency is terminated and the office discontinued on the 31st day after the dat this statement is filed. | ; |
| (Signature of Resigning Agent) | 8 |
| If signing on behalf of an entity: | NOV -6 |
| Kent Rockwell | ED & M . OR 16 |
| (Typed or Printed Name) | <u> </u> |
| | 高品 6 |
| 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