## Photo 87482

(	Requestor's Name)	
(	Address)	
(	Address)	
	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(	Business Entity Name)	
	Document Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

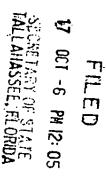
Office Use Only



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## **COVER LETTER**

-CC	
e of Corporation	סח)
	33333
or a Corpora	tion and fee are submitted for filing.
matter to th	e following:
olease call:	
305	6075240
(Area Code	& Daytime Telephone Number)
	olease call:

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

	07.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned.	_ANKOV, VADYM
•	(Name of Registered Agent) EVOTECH INC
hereby resigns as Registered Agent for	
	(Name of Corporation)
P16000087482	
(Document Number, if known)	<del></del>
A copy of this resignation was mailed t	o the above listed corporation at its last known address.
this statement is filed.	discontinued on the 31st day after the date on which $\frac{9/29/2017}{}$
(8)	ignature of Resigning Agent)
If signing on behalf of an entity:	E CRETA
	(Typed or Printed Name)
	(Capacity)
	(Capacity)
	ig this document; tive 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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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