## P1700000 9068

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	-

Office Use Only



700330118457

700330118457 06/06/19--01018--002 \*\*87.50



JUN 1 3 2019 C Kinse;

## **COVER LETTER**

MICHELLE WILLIAMS (Name of Person)	ai (	670-0979	
For further information concerning this m	-	:	
(City/State and Zip Code	)	_	
MIAMI, FL 33256-0668	3		
(Address)	·	_	
PO BOX 560668	1		
(Name of Firm/Company	')	<del></del>	
DEMOS GLOBAL GRO	OUP INC		
(Name of Person)	i	_	
MICHELLE WILLIAMS	! !		
Please return all correspondence concerni	ng this matter to	the following:	
The enclosed Resignation of Registered A	gent for a Corpo	oration and fee are subm	itted for filing
DOCUMENT NUMBER: P1700000			<del></del>
<del></del>	(Name of Corpora	ation)	
SUBJECT: INSPECTION TRAIN	IING AUDIT	ING, CORPORA	TION
Division of Corporations			

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, DEMOS GLOBAL GROUP INC.
(Indite of registered rigett)
hereby resigns as Registered Agent for INSPECTION TRAINING AUDITING, CORPORATION  (Name of Corporation)
(Name of Corporation)
P1700009068
(Document Number, if known)
A copy of this resignation was mailed to the above fisted 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.
Machalla William
(Signature of Resigning Agent)
If signing on behalf of an entity:
MICHELLE WILLIAMS  (Typed or Printed Name)  OFFICE MANAGER
(Typed or Printed Name)
OFFICE MANAGER
OFFICE MANAGER  (Capacity)  (Capacity)  (Capacity)
Fi 0
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withdrawn corporation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