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resignation of

2823 OCT 19 AM (1: 53

A. RAMSEY OCT 20 2023 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

	ACCOUNT NO.	:	12000000195	
	REFERENCE	:	065591	8323810
	AUTHORIZATION	:		Ca
	COST LIMIT	; 	\$ 85 00 8	1.50 man
ORDER DATE :	October 13, 2023			
ORDER TIME :	2:18 PM			
ORDER NO. :	065591-060			
CUSTOMER NO:	8323810			
	CHANGE OF A			
NAME:	FLORIDA MOTOR	S II	NC.	
CERTI	THE FOLLOWING AS FIED COPY STAMPED COPY	PR	OOF OF FILI	ING :

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

#### **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJ	Florida Motors Inc.	
	(Name of Corpo	pration)
DOC	UMENT NUMBER: P17000050640	
The e	nclosed Resignation of Registered Agent for a Corp	poration and fee are submitted for fi
Pleaso	e return all correspondence concerning this matter to	o the following:
RESIG	NATION DEPARTMENT	
	(Name of Person)	<del></del>
CORP	ORATION SERVICE COMPANY	
	(Name of Firm/Company)	
251 LI	TTLE FALLS DRIVE	
	(Address)	<del></del>
WILM	INGTON, DE 19808	
••	(City/State and Zip Code)	<del></del>
For fu	rther information concerning this matter, please cal	l:
RESIG	NATION DEPARTMENT 800 at (	927-9801
		ode & Davtime Telephone Number)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

#### **Mailing Address:**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### **Street Address:**

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED

# RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

2023 OCT 19 AM 11: 53

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, CORPORATION SERVICE COMPANY
(Name of Registered Agent)
hereby resigns as Registered Agent for Plorida Motors Inc.
(Name of Corporation)
P17000050640
(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.
Eyliva Baholi Assistant Vice Provident
(Signature of Resigning Agent)
If signing on behalf of an entity:
BY EYLIENA BAKER
(Typed or Printed Name)
VICE 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