

P18000036375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

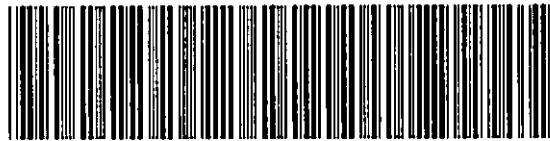
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Smart

Office Use Only



500337304535

11/27/19--01016--012 *210.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 NOV 27 PM 3:57

RA Resignation JAN 10 2020

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Island City Holdings Inc.

(Name of Corporation)

DOCUMENT NUMBER: P18000036375

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kent Rockwell

(Name of Person)

Universal Registered Agents, Inc.

(Name of Firm/Company)

PO Box 23788

(Address)

Overland Park, KS 66283

(City/State and Zip Code)

For further information concerning this matter, please call:

Kent Rockwell

(Name of Person)

855 236-9172

(Area Code & Daytime 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

FILED
FLORIDA DEPARTMENT OF STATE
REGISTRATION OF CORPORATIONS

19 NOV 27 PM 3:57

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, UNIVERSAL REGISTERED AGENTS, INC.
(Name of Registered Agent)

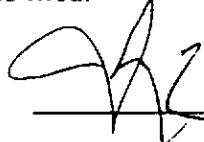
hereby resigns as Registered Agent for ISLAND CITY HOLDINGS INC.
(Name of Corporation)

P18000036375

(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.



(Signature of Resigning Agent)

If signing on behalf of an entity:

Kent Rockwell

(Typed or Printed Name)

CEO

(Capacity)

FILED
STATE OF FLORIDA
DIVISION OF CORPORATIONS

19 NOV 27 PM 3:57

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