3/15/22, 4:42 PM



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To:

Division of Corporations

Fax Number

Incorporating Servic

: (850)617-6380

From:

Account Name : INCORPORATING SERVICES, LTD.

Account Number : 120050000052 Phone : (850)656-7956

Fax Number : (850)656-7953

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REGISTERED AGENT RESIGNATION NVY CENTER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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HAR 18 2022

COVER LETTER

Incorporating Servic

TO:	Amendment Section Division of Corporations
SUBJI	ECT: NVY CENTER, INC.
	(Name of Corporation) JMENT NUMBER: P18000038118
The en	closed Resignation of Registered Agent for a Corporation and fee are submitted for filin
Please	return all correspondence concerning this matter to the following:
Am	anda Archambault
	(Name of Person)
Inc	orporating Services, Ltd. (Name of Firm/Company)
350	00 S DuPont Hughway
Do	ver, DE 19901 (City/State and Zip Code)
For fu	rther information concerning this matter, please call:
We	stley Look (Name of Person) at (302) 531-0703 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

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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, Incorporating Services, Ltd.
(Name of Registered Agent)
hereby resigns as Registered Agent for NVY CENTER, INC.
(Name of Corporation)
P18000038118
(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:
Amanda Archambault
(Typed or Printed Name)
Assistant Secretary
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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