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(Requ	estor's Name)	
(Addre	ess)	
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(City/S	tate/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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(Document)	ment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	

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R. WHITE DEC 05 2019 1911 '-1 KH 10: 25

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SC Johnson Construction, Inc. (Name of Corporation)
DOCUMENT NUMBER: P18000061137
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:
United States Corporation Agents, Inc. (Name of Person)
Legalzoom.com, Inc. (Name of Firm/Company)
101 North Brand Blvd. 11th Floor (Address)
Glendale, CA 91203 (City/State and Zip Code)
For further information concerning this matter, please call:
Kasandra Lund at (800)773-0888 x 3951 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617	7.1509.
Florida Statutes, the undersigned. United States Corporation Agents, Inc.	C
(Name of Registered Agent)	
hereby resigns as Registered Agent for SC Johnson Construction, (Name of Corneration)	Inc.
(Name of Corporation)	
P18000061137	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last kn	own address.
The agency is terminated and the office discontinued on the 31st day after the data this statement is filed.	e on which
(Signature of Resigning Agent)	-
(Signature vi resigning rigeri)	
If signing on behalf of an entity:	
Cheyenne Moseley	~ 3
(Typed or Printed Name)	- 5
	-7.
Assistant Secretary	23181::
(Capacity)	
	=
	5

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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