P1800060096

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificate	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



200318194422

09/10/18--01022--015 **87.50

2018 SEP 10 PM 2: 20
SECRETARY OF STATE
TALL AHASSEF FI

C. GOLDEN SEP 1 3 2018

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: ADVERGAM	1ES INC		
	(Name of Corporati	on)	
DOCUMENT NUMBER: P18000	0066096		
The enclosed Resignation of Registo	red Agent for a Corpora	ation and fee are submitted for filing.	
Please return all correspondence cor	cerning this matter to tl	ne following:	
Stephanie Romero			
(Name of Perso	on)		
Law 4 Small Business, P.	C.		
(Name of Firm/Cor	npany)	•	
320 Gold Ave. SW, Suite 62	20		
(Address)		•	
Albuquerque, NM 87102			
(City/State and Zip	Code)	-	
For further information concerning t	his matter, please call:		
Stephanie Romero	at (505	715-5700 & Daytime Telephone Number)	
(Name of Person)	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 Corporatio 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	9, or 617.1509,
Florida Statutes, the undersigned. Registered Agents Inc.	
(Name of Registered Age	ent)
hereby resigns as Registered Agent for ADVERGAMES INC	
(Name of Corporation)
P18000066096	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its	s last known address.
The agency is terminated and the office discontinued on the 31st day after this statement is filed.	the date on which
Bel Have	
(Signature of Resigning Agent)	/c 53
If signing on behalf of an entity:	ZOIO SEP IO SECRETARY
Registered Agents Inc.	AR AR
(Typed or Printed Name)	SSET TI
	(7)
Assistant Secretary	2: 2: 2: 2: 5: 7A1

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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
Taliahassee, FL 32314

(Capacity)