P180000 72045

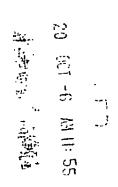
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| (City/State/Zip/Prione #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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MAN TO FIT

COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: First Help Staffing, Inc. |
| (Name of Corporation) |
| DOCUMENT NUMBER: P18000072045 |
| 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 |
| Glendale, CA 91203 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Person) at (800) 773-0888 (Area Code & Daytime Telephone Number) |
| Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active 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

or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| | ons 607.0502(2), 617.0502(2), 607.1509, or 617.15 | 509, | |
|---|---|-------------------|--|
| orida Statutes, the undersigned, United States Corporation Agents, Inc. | | | |
| | (Name of Registered Agent) | | |
| hereby resions as Registered Agen | First Help Staffing, Inc. | | |
| neresy resigna as registered regen | (Name of Corporation) | | |
| P18000072045 | | | |
| (Document Number, if known) | | | |
| A copy of this resignation was ma | iled to the above listed corporation at its last know | n address. | |
| The agency is terminated and the other than the statement is filed. | office discontinued on the 31st day after the date or | n which | |
| | (Signature of Resigning Agent) | | |
| If signing on behalf of an entity: | | | |
| | | 20 | |
| Cheyenne | Moseley (Typed or Printed Name) | 8 | |
| | (Typed or Printed Name) | ` - -i | |
| | SRE." C" | ည် ငံ | |
| Asst. Secretary | for United States Corporation Agents, Inc. | 7 | |
| | (Capacity) | AN 11: 55 | |

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