P19 (000) 145 24

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100342436331

03/23/20--01011--007 **87.50

SECRETARY OF SOLUTION OF THE SAME



COVER LETTER

10:	Amendment Section Division of Corporations		
SURI	Ulcr Investment Consultants, Inc.		
51,170	(Name	of Corporat	ion)
DOC	UMENT NUMBER: P19000014524		
The e	enclosed Resignation of Registered Agent fo	r a Corpor	ation and fee are submitted for filing.
Pleas	e return all correspondence concerning this	matter to t	he following:
Ed Ts	սյi		
	(Name of Person)		-
МуСо	ompanyWorks, Inc.		
	(Name of Firm/Company)		-
187 E.	. Warm Springs Rd., Suite B		
	(Address)		-
Las V	egas, NV 89119		
	(City/State and Zip Code)		-
For fu	urther information concerning this matter, pl	ease call:	
Ed Ts	uji at (702	362-2677
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509.
Florida Statutes, the undersigned. InCorp Services, Inc.
(Name of Registered Agent)
hereby resigns as Registered Agent for Ulcr Investment Consultants, Inc.
(Name of Corporation)
P19000014524
(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:
Jennifer Peters
(Typed or Printed Name)
Assistant Secretary of InCorp Services, Inc.

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\$35.00 - Administratively dissolved/voluntarily dissolved/withdrawn corporation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

(Capacity)