5/14/24, 3:13 PM

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : EXPAT CONSULTING CORP.

Account Number : I2019000096 : (407)745-1112 Phone Fax Number : (407)641-8083

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ACC@EXPATCONSULTING.COM

REGISTERED AGENT RESIGNATION BUTCHO INVESTMENTS GROUP, INC,

Certificate of Status	0
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K. SALY MAY 15 2024

COVER LETTER

TO: Amendment Section Division of Corporations		
BUTCHO INVESTMENTS G	ROUP, INC.	
SOBVICE:	(Name of Corpora	tion)
DOCUMENT NUMBER: P1900003718:	5	
The enclosed Resignation of Registere	ed Agent for a Corpo	ration and fee are submitted for filing.
Please return all correspondence conce	erning this matter to	the following:
NILTON FREGNI		
(Name of Person))	_
EXPAT CONSULTING CORP		
(Name of Firm/Comp	oany)	_
8615 COMMODITY CIR, STE 11		
(Address)		_
ORLANDO - FL - 32818		
(City/State and Zip C	ode)	_
For further information concerning thi	s matter, please call:	
NILTON FREGNI	407 at (7451112
(Name of Person)	(Area Cod	e & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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. EXPAT CONSULTING CORP
(Name of Registered Agent)
hereby resigns as Registered Agent for BUTCHO INVESTMENTS GROUP, INC, (Name of Corporation)
(Name of Corporation)
P19000037185
(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:
NILTON FREGINS (Typed or Printed Name)
<i>-</i>
(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