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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : RIVEROS CORP. Account Number : I20190000048 Phone : (305)507-8464 Fax Number : (239)228-2074

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

Email	Address:
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REGISTERED AGENT RESIGNATION INNOVA VIAJES Y TURISMO INC

Certificate of Status	0
Certified Copy	0
Page Count	03
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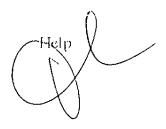


Fig 12: 06

COVER LETTER

TO: Amendment Section Division of Corporations		
INNOVA VIAJES Y TURISMO INC		
(Name of Corporation)	
DOCUMENT NUMBER: P19000074172		
The enclosed Resignation of Registered Ag	gent for a Corporation and fee	are submitted for filing
Please return all correspondence concernin	g this matter to the following:	DEC
ZULMA RIVEROS		
(Name of Person)		SSEE FL
INNOVA VIAJES Y TURISMO INC		
(Name of Firm/Company)		77. 70
175 SW 7th ST. Suite 1905		
(Address)		
MIAMI, FL 33130		
(City/State and Zip Code)		
For further information concerning this ma	tter, please call:	
ZULMA RIVEROS	786 4395138 at ()	
(Name of Person)	(Area Code & Daytime Te	lephone 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

8-Dec-2023: 17:02 RIVEROS CORP 2392282074 p.4

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, ZULMA RIVEROS
(Name of Registered Agent)
hereby resigns as Registered Agent for INNOVA VIAJES Y TURISMO INC
(Name of Corporation)
P19000074172
(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:
(Typed or Printed Name)
(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