Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : INCORPORATING SERVICES, LTD.

Account Number : 120050000052 Phone : (850)656-7956 Fax Number : (850)656-7953

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

Email Address:_

REGISTERED AGENT RESIGNATION NAPPY BOY FILMS INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$87.50

Electronic Filing Menu Corporate Filing Menu

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COVER LETTER

Incorporating Servic

TO: Amendment Section Division of Corporations	
SUBJECT: NAPPY BOY FILMS INC.	
(Name of Corporation) DOCUMENT NUMBER: P19000088872	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for fi	iling.
Please return all correspondence concerning this matter to the following:	2073
Westley Look	20051117, 27
(Name of Person)	2.1
Incorporating Services, Ltd.	3
(Name of Firm/Company)	9
3500 S DuPont Hughway	با 2
(Address)	
Dover, DE 19901	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Westley Look at (302) 531-0703 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 Corporations Post Office Box 6327

Tallahassee, FL 32314

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509.
Florida Statutes, the undersigned, Incorporating Services, Ltd.
(Name of Registered Agent)
NAPPY BOY FILMS INC
hereby resigns as Registered Agent for NAPPY BOY FILMS INC. (Name of Corporation)
(time of got paramy,
P19000088872
(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. Compared to the above listed corporation at its last known address. (Signature of Resigning Agent)
Amanda Archambault
(Typed or Printed Name)
Assistant Secretary
(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