P20000040334

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| (Document Number) |
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| Codified Conice Codificator of Status |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| Division of Corporations | | | |
|---|---------------------|------------------------|--------------------|
| Graphic Design Network Inc. | | | |
| | (Name of Corpora | ntion) | |
| DOCUMENT NUMBER: P20000040334 | | <u> </u> | <u> </u> |
| The enclosed Resignation of Registered A | gent for a Corpo | ration and fee are sub | mitted for filing. |
| Please return all correspondence concerning | ng this matter to | the following: | |
| Cory Betts | | | |
| (Name of Person) | | _ | |
| ZenBusiness Inc. | | | |
| (Name of Firm/Company |) | _ | |
| 1 W Old State Cap Plz, Ste 805 | | | |
| (Address) | | - | 2023 |
| Springfield, It. 62701 | | | 77 77 |
| (City/State and Zip Code) | | | |
| For further information concerning this ma | atter, please call: | | 1 |
| Cory Betts | 844 at (| 493-6249 | |
| (Name of Person) | | le & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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), 607.15 | 09, or 617.1509. |
|---|---|-------------------------|
| Florida Statutes, the undersign | ned Registered Agents Inc. | |
| Tronda Statutes, the andersig | (Name of Registered A | gent) |
| hereby resigns as Registered | Agent for Graphic Design Network Inc. | |
| nercoy resigns as registered | (Name of Corporation | on) |
| P20000040334 | | |
| (Document Number, if kr | юwn) | |
| A copy of this resignation wa | as mailed to the above listed corporation at i | its last known address. |
| The agency is terminated and this statement is filed. | d the office discontinued on the 31st day after | er the date on which |
| David | d Soberts | |
| | (Signature of Resigning Agent) | |
| If signing on behalf of an ent | ity: | |
| | • | 203 |
| Registered A | gents Inc. by David Roberts | 2023 APR |
| | (Typed or Printed Name) | |
| | | |
| Assistant Sec | retary | |
| | (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