

P20000040682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

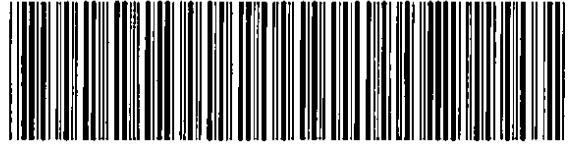
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23 AUG 28 PM 4:47
CLERK OF DISTRICT COURT
JULIA A. ROSE, CLERK

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: New Co.
(Name of Corporation)

DOCUMENT NUMBER: P20000040682

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kristen Corpion

(Name of Person)

CORPlaw

(Name of Firm/Company)

78 SW 7th ST, STE 500

(Address)

Miami/Florida 33130

(City/State and Zip Code)

For further information concerning this matter, please call:

Kristen Corpion 833 545-7526

(Name of Person) at (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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**

FILED

23 AUG 28 PM 4:47

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, CORPION LEGAL GROUP, P.A. (D/B/A CORPlaw)

(Name of Registered Agent)

hereby resigns as Registered Agent for New Co.

(Name of Corporation)

P20000040682

(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.

Kristen Corpion

(Signature of Resigning Agent)

If signing on behalf of an entity:

Kristen Corpion

(Typed or Printed Name)

Owner and Chief Legal Officer

(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~~withdrawn corporation~~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