P21000019095

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| Q. SILAS |





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02/17/22--01007--004 **97.50



COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| 321 FISHING CHARTERS, INC. SUBJECT: |
| (Name of Corporation) |
| DOCUMENT NUMBER: P21000019095 |
| 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: |
| Jenni Johnson |
| (Name of Person) |
| ALRON CORPS, INC. |
| (Name of Firm/Company) |
| 3990 Minton Road |
| (Address) |
| Melbourne, FL 32904 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Jenni Johnson 321 951-7626 at (|
| (Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 AGENTFOR A CORPORATION 12:5:

| Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509. |] E |
|--|--------|
| Florida Statutes, the undersigned, Carlos Alfonso Diaz | |
| (Name of Registered Agent) | |
| ereby resigns as Registered Agent for 321 FISHING CHARTERS, INC. | |
| (Name of Corporation) | |
| 221000019095 | |
| (Document Number, if known) | |
| A copy of this resignation was mailed to the above listed corporation at its last known ac | dress. |
| The agency is terminated and the office discontinued on the 31st day after the date on what is statement is filed. | nich |
| | |
| (Signature of Resigning Agent) | |
| 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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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