P21000052120

| (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: | | |
| | | |
| | | |
| Mils | | |





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COVER LETTER

| | mendment Section Division of Corporations |
|-----------|--|
| SUBJEC | CRM Consultants, Inc. |
| | (Name of Corporation) |
| DOCUM | IENT NUMBER: P21000052120 |
| The encl | osed Resignation of Registered Agent for a Corporation and fee are submitted for filing. |
| Please re | turn all correspondence concerning this matter to the following: |
| Sarah Bal | en |
| | (Name of Person) |
| MyCompa | anyWorks, Inc. |
| | (Name of Firm/Company) |
| 187 E. Wa | arm Springs Rd., Suite B |
| | (Address) |
| Las Vegas | s, NV 89119 |
| | (City/State and Zip Code) |
| For furth | er information concerning this matter, please call: |
| Sarah Bal | 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 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. Re | gistered Agent Solutions, Inc. |
| | (Name of Registered Agent) |
| hereby resigns as Registered Agent fo | CRM Consultants, Inc. |
| nervey resigne an regimered regent to | (Name of Corporation) |
| P21000052120 | |
| (Document Number, if known) | 20: TALL |
| A copy of this resignation was mailed | to the above listed corporation at its last known address. |
| The agency is terminated and the office this statement is filed. | ce discontinued on the 31st day after the date on which |
| /s/ Jennifer Peters | MH 8: 2: |
| | Signature of Resigning Agent) |
| If signing on behalf of an entity: | |
| Jennifer Peters | |
| | (Typed or Printed Name) |
| Assistant Secretary of R | tegistered Agent Solutions, Inc. |
| | (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