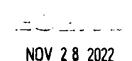
# P21000078349

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

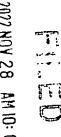
Office Use Only

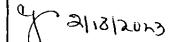


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### **COVER LETTER**

J. Harvey Inc.	(Name of Corpo	ration)
DOCUMENT NUMBER: P21000078349	•	actory,
DOCUMENT NOMBER:	<del></del>	
The enclosed Resignation of Registered	d Agent for a Corp	oration and fee are submitted for filing
Please return all correspondence conce	rning this matter to	the following:
MARIAH ESTERS-RIMMER		
(Name of Person)		_
LEGALCORP SOLUTIONS, LLC		
(Name of Firm/Compa	any)	
3 Greenway Plaza Ste 1320		
(Address)	· · · · · · · · · · · · · · · · · · ·	<del></del>
Houston, TX 77046		
(City/State and Zip Co	ode)	_
For further information concerning this	s matter, please cal	1:
MARIAH ESTERS-RIMMER	888	534-3018 ) de & Daytime Telephone Number)
(Name of Person)	(Area Co	de & Daytime Telephone Number)

#### **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 section	ons 607.0503(2), 617.0502(2), 607.1509, o	r 617.1509.		
Florida Statutes, the undersigned,	LEGALCORP SOLUTIONS, LLC			
Torrad Statutett, the university field,	(Name of Registered Agent)		_	_
hereby resigns as Registered Agen	J. Harvey Inc.			
(Name of Corporation)				
P21000078349				
(Document Number, if known)				
A copy of this resignation was ma	iled to the above listed corporation at its la	st known ac	dress	<b>\$</b> .
The agency is terminated and the othis statement is filed.	office discontinued on the 31st day after the	e date on w	hich	
· · · · · · · · · · · · · · · · · · ·	(Signature of Resigning Agent)	<del></del>		
If signing on behalf of an entity:		SECI.	2022 NOV 28	متناك
Travis Crabtree		17.1	JV 2	
	(Typed or Printed Name)			ः इन्ह
Member			AM 10: 0	O

## 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

(Capacity)