P21000095844

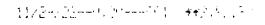
(Re	equestor's Name)			
(Ac	ldress)	_		
(Ac	idress)			
(Ci	ty/State/Zip/Phone	; #)		
PICK-UP	☐ WAIT	MAIL		
(Bi	usiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
	J.	HORNE		
	FEI	B 1 7 2023		

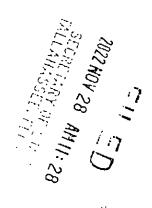
Office Use Only



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COVER LETTER

SUBJECT:Stephen Conley Enterprises Inc.		
30b/Ee1	(Name of Corp	oration)
DOCUMENT NUMBER: P2100009584	4	
The enclosed Resignation of Registere	ed Agent for a Cor	poration and fee are submitted for filir
Please return all correspondence conc	erning this matter	to the following:
MARIAH ESTERS-RIMMER		
(Name of Person)	_
LEGALCORP SOLUTIONS, LLC		
(Name of Firm/Comp	oany)	_
3 Greenway Plaza Ste 1320		
(Address)	<u> </u>	
Houston, TX 77046		
(City/State and Zip C	lode)	-
For further information concerning thi	is matter, please ca	all:
MARIAH ESTERS-RIMMER	888 at (534-3018
(Name of Person)	(Area C	Code & 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

•	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509	
Florida Statutes, the undersigned,	LEGALCORP SOLUTIONS, LLC	• •
records of the angelong near	(Name of Registered Agent)	
hereby resigns as Registered Ager	st for Stephen Conley Enterprises Inc.	
neredy resigns as registered Age.	(Name of Corporation)	
P21000095844		
(Document Number, if known)		
Λ copy of this resignation was ma	iled to the above listed corporation at its last known add	ress.
The agency is terminated and the this statement is filed.	office discontinued on the 31st day after the date on whi	ch
	(Signature of Resigning Agent)	
If signing on behalf of an entity:		
Travis Crabtree		
	(Typed or Printed Name)	
Member		
	(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