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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : RIVEROS CORP. Account Number : I20190000048 Phone : (305)507-8464 Fax Number : (239)228-2074

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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# REGISTERED AGENT RESIGNATION ARGO BUSINESS SERVICES INC

| Page Count Estimated Charge | 03<br>\$87.50 |
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Help

TO: Amendment Section

## **COVER LETTER**

| Division of Corporations                          |              |  |
|---|--------------|--|
| SUBJECT: ARGO BUSINESS SERVICES INC               |              |  |
| (Name   | of Corporati | on)                                    |
| DOCUMENT NUMBER: P23000007134                     |              |  |
| The enclosed Resignation of Registered Agent for  | or a Corpora | ation and fee are submitted for filing |
| Please return all correspondence concerning this  | matter to th | ne following:                          |
| ZULMA RIVEROS                                     |              |  |
| (Name of Person)                                  |              |  |
| BCS BRICKELL CORPORATE SERVICES INC               |              |  |
| (Name of Firm/Company),                           |              |  |
| 175 SW 7th ST. Suite 1905                         | •            |  |
| (Address)   |              |  |
| Miami FL 33130                                    |              |  |
| (City/State and Zip Code)                         |              |  |
| For further information concerning this matter, p | lease call:  |  |
| ZULMA RIVEROS at (                                | 786          | 4395138                                |
| (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 secti                          | ons 607.0503(2), 617.0502(2), 607.1509, or       | 617.1509,                          |
|--|--|------------------------------------|
| Florida Statutes, the undersigned,                           | BCS BRICKELL CORPORATE SERVICES INC              |                                    |
| Transfer and and an arrangement and                          | (Name of Registered Agent)                       | <del></del>                        |
| hereby resigns as Registered Ager                            | ARGO BUSINESS SERVICES INC                       |                                    |
| noted from an Acquisited figer                               | (Name of Corporation)                            | <del></del>                        |
| P23000007134   |  |                                    |
| (Document Number, if known)                                  | <del></del>                                      |                                    |
| A copy of this resignation was ma                            | iled to the above listed corporation at its last | known address.                     |
| The agency is terminated and the of this statement is filed. | office discontinued on the 31st day after the o  | late on which                      |
|  | (Signature of Resigning Agent)                   |                                    |
| If signing on behalf of an entity:                           | •  |                                    |
| ·  |  | 202<br>TÁÍ                         |
| ZULMA RIVEROS  |  | 3 Og 57                            |
|  | (Typed or Printed Name)                          | £~   L.<br>2023 DEC 27<br>TÁĽÁHÁSS |
|  |  | Jase 1                             |
| PRESIDENT  |  |                                    |
|  | (Capacity)                                       | AM IO:                             |
|  |  | <u> </u>                           |

## 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