

P24 000035018

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : TOG3 LLC
Account Number : 120230000180
Phone : (321)316-3005
Fax Number : (321)395-1551

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
HOMEINVEST CONNECT INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$87.50

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2024 SEP 23 AM 9:11
TALLAHASSEE, FL
FLORIDA DEPARTMENT OF STATE

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HOMEINVEST CONNECT INC

(Name of Corporation)

DOCUMENT NUMBER: P24000035018

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:

JULIA DA COSTA

(Name of Person)

TAX ONE CONSULTING SERVICES, LLC

(Name of Firm/Company)

707 W OAKLAND AVE SUITE 3217

(Address)

OAKLAND, FL, 34787

(City/State and Zip Code)

For further information concerning this matter, please call:

JULIA DA COSTA at (941) 800-1041

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation: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

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2024 SEP 23 AM 9:41
TALLAHASSEE, FL
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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, TAX ONE CONSULTING

(Name of Registered Agent)

hereby resigns as Registered Agent for HOMEINVEST CONNECT INC

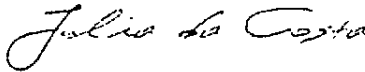
(Name of Corporation)

P24000035018

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

TAX ONE CONSULTING

(Typed or Printed Name)

(Capacity)

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TALLAHASSEE, FL

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