## P38188

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	<i>≆ #</i> )
PICK-UP	☐ WAIT	MAIL
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		··- <b>,</b>
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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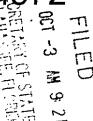
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: The Integrity to Atolios, Inc. (Name of Corporation)
DOCUMENT NUMBER: \$\mathcal{P} 38188
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:
Gisela Fasco (Name of Person)
Broad and Cassel (Name of Firm/Company)
Ohe Biscayne Tower, 21st Floor
2 South Biscarne Bluch. (Address)
Miani FL 33131 (City/State and Zip Code)
For further information concerning this matter, please call:
Cisela Fasco at (305) 373-9419 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

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RESIGNATION OF REGISTERED AGENT ALLAMAN OF STATE
RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION
TO STE
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, b & C COIPOIATE Services, The (Name of Registered Agent)
hereby resigns as Registered Agent for The The gaity Catto lios, The
<u>P</u> 38188
(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.
H- Jan
(Signature of Resigning Agent)
If signing on behalf of an entity:
Gisela Hasco
(Typed or Printed Name)
Vice President

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)