P40360

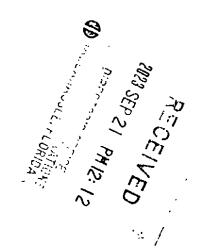
	(Requestor's Name)	
	(Address)	
	(Address)	
	(/ load 033)	
<u> </u>	100 100 1 7 100	
	(City/State/Zip/Phone #)	
PICK-UF	WAIT MAIL	
	(Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
	, may 5,1105).	
	J DEMAG	
	SEP 0.0, 2023	
	SCT U., LULU	

Office Use Only



000415813150

2023 SEP 2 | PM |: 02



COVER LETTER

(Name of Person)	(Area Code & Daytime Telephone Number)
RESIGNATION DEPARTMENT at	
For further information concerning this matter.	please call:
(City/State and Zip Code)	
WILMINGTON, DE 19808	
(Address)	
251 LITTLE FALLS DRIVE	
(Name of Firm/Company)	
CORPORATION SERVICE COMPANY	
(Name of Person)	
RESIGNATION DEPARTMENT	
Please return all correspondence concerning thi	s matter to the following:
The enclosed Resignation of Registered Agent	for a Corporation and fee are submitted for filing.
DOCUMENT NUMBER: P40360	
	ne of Corporation)
SUBJECT: The Nash Engineering Company	
Division of Corporations	
TO: Amendment Section	

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 section	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509.
Florida Statutes, the undersigned.	CORPORATION SERVICE COMPANY
	(Name of Registered Agent)
hereby resigns as Registered Agen	The Nash Engineering Company
neredy resigns as registered rigen	(Name of Corporation)
P40360	
(Document Number, if known)	
A copy of this resignation was made	iled to the above listed corporation at its last known address.
The agency is terminated and the of this statement is filed.	CER (Typed or Printed Name)
	(Signature of Resigning Agent)
If signing on behalf of an entity:	
BY EYLIENA BAK	IER 250
	(Typed or Printed Name)
VICE PRESIDENT	
	(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