9000599346 Stanley M. Pred. Suite 105 13899 Biscayne Blvd. Miami, FL 33181-1600

City/State/Zip Phone #

CORPORATION NAME(S) & DOCUM	Office Use Only C. S.
(Corporation Name)	(Document #)
(Corporation Name)	(Document #) ODDDBD11840D -10/11/9901113011 *****35.00 ******35.00
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time	Certified Copy
☐ Mail out ☐ Will wait	Photocopy Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>
☐ Profit ☐ Not for Profit ☐ Limited Liability ☐ Domestication ☐ Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	Stanley M. Pred
	(Name of registered agent)
hereby resigns as Registered Agent for	Eclectic Eye, Inc.
	(Name of corporation)
A copy of this resignation was mailed to	the above listed corporation at its last known address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on which
(Sig	De Moref nature of resigning agent)
If signing on behalf of an entity:	99 OCT SECRET
Stanle	ey M. Pred
(T)	yped or Printed Name) EFOF STATE REPORT STATE FOR ST
	(Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314