## P94000051265

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	İ		
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

SUBJECT: Carlock Incorporated

(Name of Corporation)

DOCUMENT NUMBER: P94000051265

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:

Corinne P. McClure, Senior Paralegal

(Name of Person)

McGuireWoods LLP

(Name of Firm/Company)

50 North Laura Street, Suite 3300

(Address)

Jacksonville, FL 32202

(City/State and Zip Code)

For further information concerning this matter, please call:

Corinne McClure

904 798-32

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0 Florida Statutes, the undersigned.	502(2), 617.0502(2), 607.1509, or 617.1509,
	(Name of Registered Agent)
hereby resigns as Registered Agent for $\frac{Ca}{Ca}$	arlock Incorporated
nereby resigns as registered rigent for	(Name of Corporation)
P94000051265	
(Document Number, if known)	
A copy of this resignation was mailed to the	e above listed corporation at its last known address.
The agency is terminated and the office disc this statement is filed.	continued on the 31st day after the date on which
Lia	O. Jaylor ure of Resigning Agent)
(Signatu	·
If signing on behalf of an entity:	ed or Printed Name)
Lisa O. Taylor	
(Type	ed or Printed Name)
President	الي
	ر (Capacity)
Divisi	lorida Department of State and mail to: ion of Corporations P.O. Box 6327

Tallahassee, FL 32314