P95000000555

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
_
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SHORE OF CORPORATIONS

JUL 2 5 2018

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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: LOGOPLAQZ, I		
	(Name of Corporation)	
DOCUMENT NUMBER:	P95000000555	
The enclosed Resignation of Reg	sistered Agent for a Corporation and fee are submitted for fill	ing.
Please return all correspondence	concerning this matter to the following:	
Karen Loraine		
(Name of P	Person)	
GrayRobinson, P.A.		
(Name of Firm/	Company)	
1795 W. Nasa Blvd.		
(Addre.	ss)	
Melbourne, FL 32901		
(City/State and	Zip Code)	
For further information concerni-	ng this matter, please call:	
Michelle Deering (Name of Person)	at (321) 727-8100 (Area Code & Daytime Telephone Number)	: <u>-</u> *5.,
Enclosed is a check made payabl or \$35.00 for an administratively	te to the Florida Department of State for \$87.50 for an active dissolved, voluntarily dissolved or withdrawn corporation.	corporation
Street Address: Amendment Section	Mailing Address: Amendment Section	OF SORROLL PHIL
Division of Corporations	Division of Corporations	2 77
Clifton Building	Post Office Box 6327	02
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314	X.

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617	.1509,
Florida Statutes, the undersigned, Patrick Healy	
(Name of Registered Agent)	
hereby resigns as Registered Agent for LOGOPLAQZ, INC. (Name of Corporation)	
P95000000555	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last kno	wn address.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed. (Signature of Resigning Agent)	on which
If signing on behalf of an entity:	
(Typed or Printed Name)	
(Capacity)	38 JUL 25
Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/withdrawn corporation	OKYOR OKYOR PM 12

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