P95000082041

| (Requestor's Name) | | |
|---|--|--|
| (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: | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



100330191091

08/05/19--01026--014 **35.09

ROIS JUN -5 AMII: 01

JUN 13 2019 C Kinsey

COVER LETTER

| TO: Amendment Section Division of Corporations | |
|--|---|
| SUBJECT: Weblink Software, Inc | · |
| (Name of Control of Co | Corporation) |
| The enclosed Resignation of Registered Agent for a | Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this mat | ter to the following: |
| Corinne P. McClure, Senior Para (Name of Person) | legal |
| McGuireWoods LLP (Name of Firm/Company) | |
| 50 North Laura Street, Suite 3 | 300 |
| Jacksonville, FL 32202 | |
| (City/State and Zip Code) For further information concerning this matter, pleas | |
| Corinne McClure (Name of Person) at (Ar | 04 798-3294 ea Code & Daytime Telephone Number) |
| Enclosed is a check made payable to the Florida Depor \$35.00 for an administratively dissolved, voluntar | partment of State for \$87.50 for an active corporationally dissolved or withdrawn corporation.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 607.0502(2 |), 617.0502(2), 607.1509, or 617.1509, |
|--|--|
| Florida Statutes, the undersigned, RAX Co. | (Name of Registered Agent) |
| \/\ablir | |
| hereby resigns as Registered Agent for Weblir | (Name of Corporation) |
| | (isame of Corporation) |
| P95000082041 | |
| (Document Number, if known) | |
| A copy of this resignation was mailed to the abov | e listed corporation at its last known address. |
| The agency is terminated and the office discontinuthis statement is filed. | ued on the 31st day after the date on which |
| Sisa V. Jany (Signature of R | esigning Agent) |
| If signing on behalf of an entity: | SECRETALLAHASSEE, FUE |
| Lisa O. Taylor | N - N |
| (Typed or Pr | inted Name) |
| | |
| President | |
| (Cap | acity) |
| | |
| <u>Fee for filing this doe</u> \$87.50 - Active Corpo | |
| | ration ely dissolved/voluntarily dissolved/ |
| withdrawn co | |
| | |
| | |
| Make checks payable to Florida Division of C | Department of State and mail to: Corporations |
| P.O. B | |

Tallahassee, FL 32314