Phone

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

| 1 | | |
|---|--|--|
| (Corporation Name) | (Document #) | 000034319622 |
| 2(Corporation Name) | (Document #) | -10/19/0001095012 *****35.00 *****35.00 |
| 3. | | |
| (Corporation Name) | (Document #) | |
| 4(Corporation Name) | (Document #) | to the second of |
| ☐ 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., O Change of Registered A Dissolution/Withdrawa Merger | Agent |
| OTHER FILINGS Annual Report Fictitious Name | REGISTRATION/QUALD Foreign Limited Partnership Reinstatement Trademark Other | |

Examiner's Initials (W | 0 | 2)

RESIGNATION OF REGISTERED AGENT

| Pursuant to the p | provisions of section | s 607.0502(2), 6 | 17.0502(2), 607.1 | 509, or 61 | 7.1509, | |
|--|--------------------------------|--|------------------------------|----------------|---|-------------|
| Florida Statutes, | the undersigned, | BARBAR | (Name of registered | agent) | | |
| hereby resigns as | s Registered Agent f | for <u>NEW</u> | CENTUR (Name of corporati | Y INC | <u> </u> | _ 36002 |
| A copy of this re | esignation was maile | d to the above li | sted corporation at | t its last kno | own addres | ss. |
| The agency is ter this statement is | rminated and the off filed. | ice discontinued | on the 31st day at | fter the date | on which | |
| _ | Barl | (Signature of resign | Duling agent) | | - | |
| If signing on beh | nalf of an entity: | | | | | |
| - | | (Typed or Printed | Name) | | | N- |
| _ | | (Capacity |) | | - | |
| | \$87.50 - 2 | iling this docum Active corporation | | ation | OO OCT 19 P SECRETARY OF TALLAHASSEE, F | |

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