P950000 91748

| (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: |
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| \$ 35,00 |

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RARES

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COVER LETTER

| TO: Amendment Section Division of Corporations | | |
|---|---------------------|--|
| SUBJECT: Eurolux Eyewear, Inc. | Name of Corporation | on) |
| DOCUMENT NUMBER: P9500001748 | | ••• |
| The enclosed Resignation of Registered Age | ent for a Corpora | tion and fee are submitted for filing. |
| Please return all correspondence concerning | g this matter to th | e following: |
| Jane C. Rankin, Esq. | | |
| (Name of Person) | | |
| Kubicki Draper | | |
| (Name of Firm/Company) | | |
| 1 East Broward Blvd., Suite 1600 | | |
| (Address) | | |
| Fort Lauderdale, FL 33301 | | |
| (City/State and Zip Code) | | |
| For further information concerning this mat | ter, please call: | |
| Jane C. Rankin, Esq. | 954 at () | 713-2324) & Daytime Telephone Number) |
| (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of section | ns 607.0503(2), 617.0502(2), 607.1509, or 617 | 1.1509. | |
|--|---|----------------------------------|--|
| Florida Statutes, the undersigned. | Jane C. Rankin | | |
| (Name of Registered Agent) | | | |
| hereby resigns as Registered Agent | for Eurolux Eyewear, Inc. | | |
| neredy resigns as registered rigent | (Name of Corporation) | | |
| P95000091748 | | | |
| (Document Number, if known) | | | |
| A copy of this resignation was mail | led to the above listed corporation at its last kno | own address. | |
| The agency is terminated and the of this statement is filed. | ffice discontinued on the 31st day after the date | on which | |
| If signing on behalf of an entity: | (Signature of Resigning Agent) | 2020 FEB SEURL IN TALL AHA | |
| | (Typed or Printed Name) (Capacity) | -6 AM 9: | |
| | (Capacity) | =- - | |

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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