## P94000040000

| (R                                      | Requestor's Name)    |           |  |  |  |
|---|----------------------|-----------|--|--|--|
| (A                                      | ddress)              |           |  |  |  |
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| (C                                      | City/State/Zip/Phone | :#)       |  |  |  |
| PICK-UP                                 | WAIT                 | MAIL.     |  |  |  |
| (E                                      | Business Entity Nam  | ne)       |  |  |  |
| (Document Number)                       |                      |           |  |  |  |
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## **COVER LETTER**

| TO:     | Amendment S<br>Division of Co |                                       |                 |             |                      |                              |                    |
|---------|-------------------------------|---------------------------------------|-----------------|-------------|----------------------|------------------------------|--------------------|
| SUBJE   | ECT:                          | GAMESI                                | me (            | Vame of C   | MPI<br>corporation)  | CENTER                       | Juc                |
| DOCU    | MENT NUM                      | BER:                                  | P9600           | 2004        | 0040                 |                              | <u></u>            |
| The en  | closed Resigna                | tion of Regi                          | stered Age      | ent for a ( | Corporation          | and fee are sub              | mitted for filing. |
| Please  | return all corre              | spondence c                           | oncerning       | this mat    | ter to the fo        | llowing:                     |                    |
| •       | Matthe                        | (Name of Pe                           | B               | Hwo         |                      |                              |                    |
|         |                               | •                                     |                 |             |                      |                              |                    |
|         | GAINE                         | ame of Firm/C                         | Peu (           | MRI         | CENTE                | ne Juc.                      |                    |
|         |                               | Centro                                |                 |             |                      |                              |                    |
|         |                               | (Address<br>ELEPS &<br>ty/State and 2 | ')              |             |                      | <b>&gt;</b>                  |                    |
|         | (Ci                           | ty/State and 2                        | (ip Code)       |             | <del></del>          |                              |                    |
| For fur | ther informatio               | n concernin                           | g this matt     | ter, please | e call:              |                              |                    |
|         | lattlew<br>(Name              | of Person)                            | <sup>O</sup> W∧ | at ( 78     | 7 ) 2<br>ea Code & D | 24 - 583<br>aytime Telephone | e Number)          |
| F 1     | .12. 1 .2                     | . 111                                 | d de Tille      | alda Dav    |                      |                              | £                  |

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 pro-  | visions of sections 60' | 7.0502(2), 6                  | 17.0502(          | 2), 607.15           | 509, or 617  | '.1509 <u>,</u> |      |  |
|---|-------------------------|-------------------------------|-------------------|----------------------|--------------|-----------------|------|--|
| Florida Statutes, the   | e undersigned,          | Homas                         |                   | Brown<br>Registered  |              |                 |      |  |
| (Name of Registered Agent)  hereby resigns as Registered Agent for Ginesule Open MPI GENTER Jud |                         |                               |                   |                      |              |                 |      |  |
| hereby resigns as R   | egistered Agent for _   | GANES                         | Sville<br>(Name o | Open<br>of Corporati |              | CENTER          | Juc. |  |
| 8960001   | 0 40040                 |                               | `                 | •                    | •            |                 |      |  |
|   | umber, if known)        |                               |                   |                      |              |                 |      |  |
| A copy of this resig  | gnation was mailed to   | the above lis                 | sted corp         | oration at           | its last kno | own address.    |      |  |
| The agency is termithis statement is file   |                         | discontinued hature of Resign | t/max             | J                    | ter the date | on which        |      |  |
| If signing on behalf  | of an entity:           |                               |                   |                      |              |                 |      |  |
|   | (T)                     | yped or Printed               | l Name)           | ·                    |              | 12 OCT 17 PH    |      |  |
| · .   |                         | (Capacity)                    | )                 |                      |              | <i>y</i>        |      |  |

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