1000001386 Northway Address City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. (Corporation Name) (Document #) 2. (Corporation Name) (Document #) 3. (Corporation Name) (Document #) 4. (Corporation Name) (Document #) Certified Copy Pick up time ☐ Walk in Photocopy Certificate of Status ☐ Will wait ☐ Mail out 600003309336-----06/30/00--01006--012 *****87.50 *****87.50 **AMENDMENTS NEW FILINGS** ☐ Amendment ☐ Profit Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability ☐ Dissolution/Withdrawal Domestication Merger ☐ Other REGISTRATION/QUALIFICATION OTHER FILINGS Foreign Annual Report ☐ Limited Partnership ☐ Fictitious Name Reinstatement 7-14-00 Trademark Other

Examiner's Initials

FILED

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RESIGNATION OF REGISTERED AGENT TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Peter W. +eloman (Name of registered agent)
hereby resigns as Registered Agent for American Abuisory Services, (Name of corporation) The,
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
(Signature of resigning agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation #1000

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