Address City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. (Corporation Name) (Document #) 2. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in Certified Copy Pick up time Mail out Photocopy ☐ Will wait Certificate of Status AMENDMENTS NEW FILINGS Profit Amendment ****122.50 *****87.50 NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent By Ost Sold Domestication Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILINGS **QUALIFICATION** Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

CR2E031(1/95)

Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Jon a than D Temple (Name of registered agent)
hereby resigns as Registered Agent for Temple Services, Inc. (Name of corporation)
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