P9800057080

| (R€ | equestor's Name) | |
|---|-------------------|-----------------------------|
| (Ad | ldress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
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| | Office Use On | ³ 3 ⁵ |



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T. Lewis 7. Lewis 9. F. T.

TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: JOURNICA CON TIC. (Name of Corporation) |
| DOCUMENT NUMBER: 19800057080 |
| The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Gisela Fasco (Name of Person) |
| Broad and Cassel (Name of Firm/Company) One Biscayne Tower, 21st Floor 2 South Biscayne Boulevard (Address) |
| One Biscayne Tower, alst Floor |
| 2 South Biscayne Boulevard (Address) |
| Miami, FL 3313 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Gisela Fasco at (30s) 373-9419 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
409 E. Gaines Street
Tallahassee, FL 32399

FILED

RESIGNATION OF REGISTERED AGENT

SECKETARY OF STATE
TALLAHASSEE, FLORID*

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, |
|---|
| Florida Statutes, the undersigned, B&C Consorate Services, Inc. (Name of Registered Agent) |
| hereby resigns as Registered Agent for |
| P98000057080 |
| (Document Number, if known) |
| 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: |
| Gisela Fasco (Typed or Printed Name) |
| Vice-President |

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

(Capacity)