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No Return address CORPORATION NAME(S) & DOCL		Office Use Only	#b- - 2
1. (Corporation Name)	(Document #)		_
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4. (Corporation Name)	(Document #)	19 de la constant de	-
☐ Walk in ☐ Pick up time _		Certified Copy	- · 
☐ Mail out ☐ Will wait	☐ Photocopy	Certificate of Status	
NEW FILINGS  Profit Not for Profit Limited Liability Domestication	AMENDMENTS  Amendment Resignation of R.A Change of Register Dissolution/Withdr	ed Agent	
Other	☐ Merger		
OTHER FILINGS	REGISTRATION/QU	<b>ALIFICATION</b>	-
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	V SHEPARD AUG 2 ZWZ	
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## 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, ROBERT E. WINGER, SR. (Name of registered agent)
hereby resigns as Registered Agent for MORGAN STAFFING & RESEARCH Group, INC (Name of corporation) Document Number P980007/195
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)

Fee for filing this document:

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

(Capacity)

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