900000 6262

(Requestor's Name)	900337304839		
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)	11/25/1901811067 *+35.00		
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:	2619 N		
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Office Use Only

R. WHITE JAN 0 6 22.3

COVER LETTER

TO: Amendment Section **Division of Corporations** SUBJECT: XXXX DORMANT SHELL CORPORATION (Name of Corporation) DOCUMENT NUMBER: P99000006262 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: Paul Mathieson (Name of Person) Investment Evolution Corporation (Name of Firm/Company) 3960 Howard Hughes Parkway, Suite 490 (Address) Las Vegas NV 89169 (City/State and Zip Code) For further information concerning this matter, please call: Paul Mathieson (Name of Person)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617	7.1509,		
Florida Statutes, the undersigned. CT Corporation System			
(Name of Registered Agent)			
hereby resigns as Registered Agent for XXXX DORMANT SHELL CORP	ORAT	ION	
(Name of Corporation)			
P9900006262			
(Document Number, if known)			
A copy of this resignation was mailed to the above listed corporation at its last kn	own ac	ldress	
77 copy of this resignation was maried to the above fisted corporation at its last kil	O WIII ac	idi C.i.i.	
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	e on wł	nich	
Fleflin been	-		
(Signature of Resigning Agent)			
If signing on behalf of an entity:			
Stephanie Boehm			
(Typed or Printed Name)	-	~	
		9	
Assistant Secretary			
(Capacity)	-	2019 1/11/ 25	
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Fee for filing this document:		FH 11: 2:	
\$87.50 - Active Corporation		σ	
\$35.00 - Administratively dissolved/voluntarily dissolved/	ved/		
withdrawn corporation			

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