P9900008783

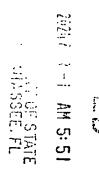
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



400426532674

04/01/24--01018--016 **35.00



is littled

COVER LETTER

Division of Corporations			
Fun 4 Profit, Inc. SUBJECT:			
	(Name of Corpor	ration)	
DOCUMENT NUMBER: P9900000878	.3		
The enclosed Resignation of Registere	d Agent for a Corp	oration and fee are	submitted for filing.
Please return all correspondence conc	erning this matter to	the following:	
Office Manager			
(Name of Person)		
Ford Miller & Wamer PA			
(Name of Firm/Comp	pany)		#4.5 500 €
1835 3rd St N			2
(Address)			
Jacksonville Beach/FL/32250			300 B 171
(City/State and Zip C	odet		AM 5: 5 SEE. FL
For further information concerning thi	s matter, please cal	l:	FL FL
Office Manager	904 at (390-1970	
(Name of Person)	(Area Co	de & Daytime Teleph	none 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

3

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0503(2), 617.0502(2), 607.1509), or 617.1509.			
Florida Statutes, the undersigned,	David Wainer				
	(Name of Registered Age	(Name of Registered Agent)			
hereby resigns as Registered Agen	Fun 4 Profit, Inc.				
(Name of Corporation)					
P99000008783					
(Document Number, if known)					
A copy of this resignation was mai	iled to the above listed corporation at its	last known ad	ldress.		
The agency is terminated and the of this statement is filed.	office discontinued on the 31st day after	the date on wh	nich		
	(Signature of Resigning Agent)	 .	125		
If signing on behalf of an entity:			12 m 12 m 13 m 14 m 14 m 14 m 14 m 14 m 14 m 14 m 14		
	(Typed or Printed Name)	ma	자 당 5: 5		

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)