020284 Requester's Name O. BOX 29-2770 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in Pick up time Certified Copy ☐ Mail out Will wait ☐ Photocopy Certificate of Status NEW FILINGS - AMENDMENTS ■ Profit Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent TION OF RESPONDED TO THE PROPERTY OF THE PROPE ■ Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report ☐ Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other

CR2E031(7/97)

Examiner's Initials

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, My 63 C ARRINGTON (Namé of registere) agent)
hereby resigns as Registered Agent for he Alocation, The . (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.
If signing on behalf of an entity: (Signature of resigning agent) (Typed or Printed Name)
(Capacity)

Fee for filing this document:

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

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