P990000 40456

(Re	questor's Name)	
bA)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

	(Name of Person) (Area Code & Daytime Telephone Nun	iber)
Cor	rinne McClure at (904) 798-3294 (Area Code & Daytime Telephone Nun	
For fu	orther information concerning this matter, please call:	
	(City/State and Zip Code)	
Jac	cksonville, FL 32202	
	(Address)	
50 I	North Laura Street, Suite 3300	
	(Name of Firm/Company)	
Мс	GuireWoods LLP	
	(Name of Person)	
Cori	inne P. McClure, Senior Paralegal	
Please	e return all correspondence concerning this matter to the following:	
The en	nclosed Resignation of Registered Agent for a Corporation and fee are submitte	d for filing.
DOCU	ument number: P99000040456	
	(Name of Corporation)	
SHRI	DECT: Ocean View Services, Inc.	
TO:	Division of Corporations	

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 617.1509	9.
Florida Statutes, the undersigned. RAX Co.	
(Name of Registered Agent)	
hereby resigns as Registered Agent for Ocean View Services, Inc.	
(Name of Corporation)	
P9900040456	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known a	iddress.
The agency is terminated and the office discontinued on the 31st day after the date on vithis statement is filed.	vhich
(Signature of Resigning Agent)	2019∤ S£C:
If signing on behalf of an entity:	2019 MAY 24
Lisa O. Taylor	-
(Typed or Printed Name)	AM 10: 42
President	72
(Capacity)	

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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