Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Document #) (Corporation Name) -11/26/01--01072--004 *****332<u>50</u> *****35.00 (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy Walk in Pick up time Certificate of Status Photocopy ☐ Will wait Mail out **AMENDMENTS NEW FILINGS** Amendment ☐ Profit Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/QUALIFICATION OTHER FILINGS Foreign Annual Report Limited Partnership Fictitious Name Reinstatement Trademark Other **Examiner's Initials**

CR2E031(7/97)

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, Grego J. Breathout H. (Name of registered agent)
(**************************************
hereby resigns as Registered Agent for Digital Got Scruces Network 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.
and the second of the second o
(Signature of resigning agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(Canacity)
CADACHAI

Fee for filing this document: \$87.50 - Active corporation

\$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

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