

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. (Corporation Name)	(Document #) 4000032892149 -06/14/0001084004
Z. (Corporation Name)	****122.50 *****87.50 (Document #)
(Corporation Name)	(Document #)
4. (Corporation Name) Walk in Pick up ti	(Document #) Certified Copy
Mail out Will wait NEW FILINGS	Photocopy Certificate of Status AMENDMENTS
 □ Profit □ Not for Profit □ Limited Liability □ Domestication □ Other 	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS ☐ Annual Report ☐ Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other Examiner's Initials
	Examiner's Initials

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections out.0502(2), out.1509, of oit.1	209,	
Florida Statutes, the undersigned, SUSAN LANE (Name of registered agent)	····	
hereby resigns as Registered Agent for 2 Fect) NC. (Name of corporation)		-
A copy of this resignation was mailed to the above listed corporation at its last known	n address	š.
The agency is terminated and the office discontinued on the 31st day after the date or this statement is filed.	1 which	
(Signature of resigning agent) If signing on behalf of an entity: (Typed or Printed Name)	<u>tu</u> ~<	
(Capacity)	ਤੂਜ ਰ	ঠ

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