0071669 Accounting Specialists International, Inc. 1031 Cape Coral Parkway Cape Coral, Florida 33904 Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Walk in Pick up time Mail out Will wait ☐ Photocopy Certificate of S NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Change of Registered Agent Limited Liability Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

Examiner's Initials

RESIGNATION OF REGISTERED AGENT

Pursuant to the provis	sions of sections 607.0	1502(2), 617.0502(2), 607.1509, or 61	.7.1309,	
Florida Statutes, the un	ndersianed	CLAUDIA SHAW		
Florida Statutes, the o	midelbighed,	(Name of registered agent)		- :
		•	•	
hereby resigns as Reg	istered Agent for	POWELL'S PLAZA, INC. (Name of corporation)		- · · · · · ·
		(traine of corporation)		
A conv of this resigns	ation was mailed to the	e above listed corporation at its last kno	own address	s.
A copy of and resigne	- " HE IMAGINE TO THE	, and a second s		
The agency is termina	ated and the office disc	continued on the 31st day after the date	on which	
this statement is filed		<u>-</u> '		
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	Wand	ine of resigning agent)	-	ere er
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If signing on behalf o	f an entity:			
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	, <u></u>		≥2 \$	- Annual Contraction
	(Турес	d or Printed Name)	¥2.7	E !!
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		(Capacity)	- 77	
		(Capacity)		
			5 75	,

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