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Florida Department of State

Division of Corporations Public Access System

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From:

Account Name : HODGSON RUSS LLP
Account Number : 072720000242
Phone : (861)394-0500

Fax Number

: (561)394-3862

REGISTERED AGENT RESIGNATION

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NX AMERICA INC.

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, HRAWG Corp. (Name of Registered Agent)
(Name of Registered Agent) hereby resigns as Registered Agent for NX AMERICA INC. (Name of Corporation) S88309 (Document Number, if known) 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. (Signature of Resigning Agent)
hereby resigns as Registered Agent for NX AMERICA INC. (Name of Corporation) \$88309 (Document Number, if known) A copy of this resignation was mailed to the above listed corporation at its last known address agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. (Signature of Resigning Agent)
(Name of Corporation) \$88309 (Document Number, If known) A copy of this resignation was mailed to the above listed corporation at its last known address agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. (Signature of Resigning Agent)
(Document Number, if known) A copy of this resignation was mailed to the above listed corporation at its last known address agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. (Signature of Resigning Agent)
(Document Number, If known) A copy of this resignation was mailed to the above listed corporation at its last known addressed and the office discontinued on the 31st day after the date on which this statement is filed. (Signature of Resigning Agent)
A copy of this resignation was mailed to the above listed corporation at its last known address agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. (Signature of Resigning Agent)
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. (Signature of Resigning Agent)
(Signature of Resigning Agent)
If signing on behalf of an entity:
If signing on behalf of an entity:
David M. Stark
(Typed or Printed Name)
Vice President
(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
Tallabasees, FL 32314

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