## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (904) 224-8870 • 1-800-342-8062 • Fax (904) 222-1222

V15327

COI Corporation

Signature

Requested by

Will Pick Up

Name

Walk-In

600002313786--6 -10/07/97--01012--031 \*\*\*\*700.00 \*\*\*\*\*35.00

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## FLORIDA DEPARTMENT OF STATE, SANDRA B. MORTHAM, SECRETARY OF STATE

## RESIGNATION OF REGISTERED AGENT

| 1 and deficite the providing of 305 | Bolls 007.0302(2), 017.0302(2), 007.1303, (      | JI 017.1903,            |
|-------------------------------------|--|-------------------------|
| Florida Statues, the undersigned,   | Capital Connection, Inc.                         |                         |
|                                     | (Name of registered agent)                       |                         |
| hereby resigns as Registered Age    | ent for COF Corporation                          |                         |
|                                     | (Name of corporation)                            |                         |
|                                     | ·  |                         |
| A copy of this resignation was ma   | iled 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)                   | 97 OCT -7 I             |
| If signing on behalf of an entity:  | •  | PHI2: 4 OF STATE FLORID |
| Weimar Lopez                        |  | <u> </u>                |
| (Typed or Printed Name)             | •  | _                       |

Fee for tiling this documents \$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Registered Agent Coordinator (Capacity)