

F21000000120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

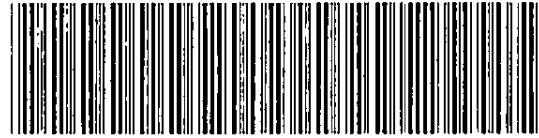
(Document Number)

Copies _____

Certificates of Status _____

Instructions to Filing Officer.

Office Use Only



000407521070

Resignation of
RA

FILED
2023 APR 26 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2023 APR 26 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. RAMSEY

APR 27 2023

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 04/26/23

NAME: OPTIKS SOLUTIONS INC

TYPE OF FILING: RESIGNATION

COST: 87.50

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OPTIKS SOLUTIONS INC

(Name of Corporation)

DOCUMENT NUMBER: F21000000120

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LEISA PICHARD

(Name of Person)

FLORIDA FILING & SEARCH SERVICES INC

(Name of Firm/Company)

155 OFFICE PLAZA DRIVE

(Address)

TALLAHASSEE FL 32301

(City/State and Zip Code)

For further information concerning this matter, please call:

LEISA PICHARD at (850) 216-0457
_____ (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
2023 APR 26 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, FLORIDA FILING & SEARCH SERVICES INC
(Name of Registered Agent)

hereby resigns as Registered Agent for OPTIKS SOLUTIONS INC
(Name of Corporation)

F21000000120
(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.

Abbie Hodge
(Signature of Resigning Agent)

If signing on behalf of an entity:

ABBIE HODGE
(Typed or Printed Name)

SENIOR 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
Tallahassee, FL 32314**