(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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MAR 13 2015

R. WHITE



Phone: 302-652-4800 ● Fax: 302-652-6760

<u>www.corpco.com</u> ● <u>info@corpco.com</u>

March 11, 2015

VIA FEDEX

Florida Secretary of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: Multiple Resignations

Dear Sir or Madam:

Please find enclosed the following for the above referenced entities:

- Cover letter and Resignation of Registered Agent KASSIOPEYA INC.
- Cover letter and Resignation of Registered Agent CELLMAX TECHNOLOGIES, INC.
- Our checks each in the proper amount to cover each resignation.

Please file these documents and provide us with <u>file stamped copies</u>. Please return the file stamped copy to my attention using the enclosed envelope.

If you have any questions or concerns, please do not hesitate to contact me. Thank you and have a wonderful day.

Sincerely,

Christina M. Snow

Enclosures

COVER LETTER

O: Amendment Section Division of Corporations
UBJECT: CELLMAX TECHNOLOGIES, INC.
(Name of Corporation) OCUMENT NUMBER: F12000004747
he enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
Gabriela Fajardo (Name of Person)
(Name of Firm/Company)
10 Foulk Road, Suite 201
(Address) Vilmington, DE 19803 (City/State and Zip Code)
or further information concerning this matter, please call:
Sabriela Fajardo at (302) 652-4800 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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, ARD, SHIRLEY & RUDOLPH, P.A.	
(Name of Registered Agent)	
hereby resigns as Registered Agent for CELLMAX TECHNOLOGIE	S, INC.
(Name of Corporation)	
F12000004747	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last kno	wn address.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on which
Jal The	
(Signature of Resigning Agent)	
If signing on behalf of an entity:	
SAMUAL J. ARD (Typed or Printed Name)	
(Typed or Printed Name)	
PARTNER (Capacity)	5
(Capacity)	MAR 12
	7 P. S. T.
	111
Fee for filing this document: \$87.50 - Active Corporation	# II: 22
\$35.00 - Administratively dissolved/voluntarily dissolve	d/ 💯 22
withdrawn corporation	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314