F2 0000001417

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

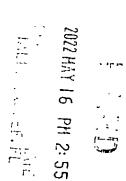
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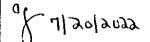
Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: PSylvopate Inc	•
J ,	(Name of Corporation)
DOCUMENT NUMBER:F	20000001417
The enclosed withdrawal application and	fee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Tony	(Name of Person)
	,
	(Firm/Company)
451 W. Lambe	rt Rd. Ste 214 (Address)
	City/State and Zip code)
. (C	City/State and Zip code)
For further information concerning this mat	
Chienchiu Giang	at (949) 400-6962 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the amount:	
\$35 Filing Fee	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certified Copy (Additional copy is Enclosed) ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
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

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

2022 MAY 16 PM 2-33
Psynome Inc. (Name of Corporation)
F2060001417 (Document Number of Corporation (if known)
(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)
This corporation is no longer transacting business or conducting affairs within the State of Florida and herel voluntarily surrenders its authority to transact business or conduct affairs in Florida.
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf an appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.
The following is a current mailing address for the corporation:
451 W. Lambert Rd. Stc 214 (Mailing Address)
Brea, CA 92821 (City/State/Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address. (Signature of addressor, president or other object - if in the hands of a receiver or other court appointed fiduciary by that fiduciary) (Date)
(Typed opprinted name of person surving) (Typed opprinted name of person surving) (Typed opprinted name of person surving)

FILING FEE \$35