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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353 Phone : (800)221-2972 : (917)243-5843 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

REGISTERED AGENT RESIGNATION MICHILLI INC.

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TO: Amendment Section

COVER LETTER

Division of Corporations		
SUBJECT: MICHILLI INC.		
	(Name of Corpo	oration}
DOCUMENT NUMBER: F07000004410		
The enclosed Resignation of Registered a	Agent for a Corp	poration and fee are submitted for filing.
Please return all correspondence concern	iing this matter t	o the following:
TRACEE COTTON		
(Name of Person)		<u> </u>
BLUMBERGENCELSIOR CORPORATE SER	VICES, INC.	
(Name of Firm/Compan	(y)	
166 WALL STREET, SUITE 503		
(Address)		
NEW YORK, NY 10005		
(City/State and Zip Cod	e)	
For further information concerning this n	natter, please ca	N;
TRACEE COTTON	800 at (221-2972 X1550) ode & Daytime Telephone Number)
(Name of Person)	(Area C	ode & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, Ft. 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0503(2), 617.0502(2), 607.15	09, or 617.1509,
Florida Statutes, the undersigned,	BLUMBERGEXCELSIOR CORPORATE S	SERVICES, INC.
, and an activity, and an activity, and activity, and activity activity and activity activity and activity activity and activity activity activity activity activity and activity	(Name of Registered A	gent)
hereby resigns as Registered Agen	MICHILLI INC.	
The total resigns to respect to the resigns to resign to	(Name of Corporation	(04
1/07/00/00/04416		
(Document Number, if known)		
A copy of this resignation was ma	iled to the above listed corporation at	its last known address.
The agency is terminated and the othis statement is filed.	office discontinued on the 31st day after	er the date on which
1	(Signature of Resigning Agent)	MA WARE TO THE PARTY OF THE PAR
If signing on behalf of an entity:		2022 FEB
MARY BROOKS		6
	(Typed or Printed Name)	· · · · · · · · · · · · · · · · · · ·
ASSISTANT SECR	ETARY	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
	(Сярасіту)	- N

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