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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE

C. GOLDEN SEP 1 1 2018

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: OVAGENE ONCOLOGY, INC.

(Name of Corporation)

DOCUMENT NUMBER: COGENCY GLOBAL INC.

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:

Gretchen McDougal

(Name of Person)

COGENCY GLOBAL INC

(Name of Firm/Company)

850 New Burton Rd. Suite 201

(Address)

Dover, DE 19904

(City/State and Zip Code)

For further information concerning this matter, please call:

Gretchen McDougal

,,,866 \621.3524

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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. COGENCY GLOBAL INC. |
| (Name of Registered Agent) |
| hereby resigns as Registered Agent for OVAGENE ONCOLOGY, INC. |
| (Name of Corporation) |
| F11000004535 |
| (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. |
| White Misgal |
| (Signature of Resigning Agent) |
| If signing on behalf of an entity: |
| TALL TALL |
| Gretchen McDougal (Typed or Printed Name) |
| (Typed or Printed Name) |
| s o s |
| Assistant Secretary (Capacity) (Capacity) |
| (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, F1. 32314