

F12000000 425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

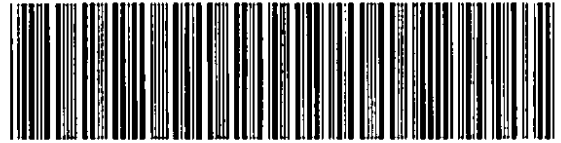
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600346094166

06/12/20--01014--021 **35.00

FILED
2020 JUL 12 AM 10:25
FBI - ALB

RALRES

JUL 01 2020

ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Credigy Solutions Inc.
(Name of Corporation)

DOCUMENT NUMBER: F12000000425

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:

Registered Agents Legal Services, LLC
(Name of Person)

RAIS
(Name of Firm/Company)

1013 Centre Road, Suite 403S
(Address)

Wilmington, DE 19805
(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle Stallings at (800) 400-6650
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Registered Agents Legal Services, LLC
(Name of Registered Agent)

hereby resigns as Registered Agent for Credigy Solutions Inc.
(Name of Corporation)

F12000000425
(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.

Denise Fowler
(Signature of Resigning Agent)

If signing on behalf of an entity:

Denise Fowler
(Typed or Printed Name)

Authorized Person
(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withdrawn corporation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

2020 JUN 12 AM 10:25

FILED