

F140000000414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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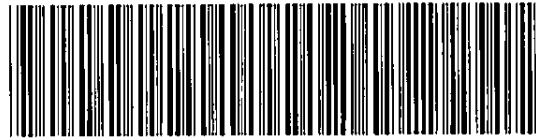
(Business Entity Name)

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Resignation of

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2023 APR 20 PM 12 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 APR 20 AM 11:18
TALLAHASSEE, FLORIDA


2023 APR 20 AM 11:18
TALLAHASSEE, FLORIDA

2023 APR 20 AM 11:18
TALLAHASSEE, FLORIDA

A. RAMSEY

APR 21 2023

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 673152 8323810
AUTHORIZATION : 
COST LIMIT : \$ 87.50

ORDER DATE : April 13, 2023
ORDER TIME : 9:56 AM
ORDER NO. : 673152-040
CUSTOMER NO: 8323810

REGISTERED AGENT RESIGNATION

NAME: STIMWAVE TECHNOLOGIES
INCORPORATED

XX RESIGNATION OF AGENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Todd-EXT#62976

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Stimwave Technologies Incorporated
(Name of Corporation)

DOCUMENT NUMBER: F14000000414

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:

RESIGNATION DEPARTMENT

(Name of Person)

CORPORATION SERVICE COMPANY

(Name of Firm/Company)

231 LITTLE FALLS DRIVE

(Address)

WILMINGTON, DE 19808

(City/State and Zip Code)

For further information concerning this matter, please call:

RESIGNATION DEPARTMENT _____ at (_____) 800 927-9801
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION

2023 APR 20 PM 12 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Florida Statutes, the undersigned, CORPORATION SERVICE COMPANY

(Name of Registered Agent)

hereby resigns as Registered Agent for Stimwave Technologies Incorporated

(Name of Corporation)

F14000000414

(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.

Alexxis Weiland-Sorenson, AP

(Signature of Resigning Agent)

If signing on behalf of an entity:

BY ALEXSIS WEILAND-SORENSEN

(Typed or Printed Name)

ASSISTANT VICE PRESIDENT

(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