F14000000554

| (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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COVER LETTER

| | mendment Section Division of Corporations | | |
|------------|--|----------------------|---|
| SUBJEC | er: HYPERHYPER | INC. | |
| | | (Name of Corporati | ion) |
| DOCUM | IENT NUMBER: F14000000 | | |
| The enclo | osed Resignation of Registered A | gent for a Corpora | ation and fee are submitted for filing. |
| Please ret | turn all correspondence concerni | ng this matter to tl | ne following: |
| Emily | y Smith | | |
| | (Name of Person) | | • |
| PAR. | ACORP INCORP | ORATED | |
| | (Name of Firm/Company) |) | • |
| PO E | 3OX 160568 | | |
| | (Address) | | • |
| SAC | RAMENTO CA 95 | 833 | |
| | (City/State and Zip Code) |) | • |
| For furthe | er information concerning this ma | atter, please call: | |
| Emily | y Smith (Name of Person) | at (800 (Area Code | 533.7272 & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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), 60 | 7.1509, or 617.1509, |
|---|------------------------------|
| Florida Statutes, the undersigned. PARACORP INCORPORA | ATED |
| (Name of Registe | red Agent) |
| hereby resigns as Registered Agent for HYPERHYPER IN | C. |
| (Name of Corp | oration) |
| F14000000554 | |
| (Document Number, if known) | |
| A copy of this resignation was mailed to the above listed corporation | n at its last known address. |
| The agency is terminated and the office discontinued on the 31st day this statement is filed. | rafter the date on which |
| M | |
| (Signature of Resigning Agent) | |
| If signing on behalf of an entity: | 2021 AUG |
| JODY MOUA | AUG 20 |
| (Typed or Printed Name) | ကြား |
| | |
| ASST. SECRETARY FOR PARACORP INCO | RPORATED FILES |
| (Capacity) | ——— हिं ३७ |

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