F14000003922

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MECELVED MILE

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500
ACCOUNT NO. : I2000000195
REFERENCE : 973092 8323810
AUTHORIZATION: Commence of the
COST LIMIT : \$ 85.00 87.63
ORDER DATE : September 6, 2023
ORDER TIME : 10:37 AM
ORDER NO. : 973092-015
CUSTOMER NO: 8323810
ANNUAL REPORT FILING
NAME: INTEGRATED SYSTEMS IMPROVEMENT SERVICES, INC.
XX _ ANNUAL REPORT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Evliena Baker-EXT#

EXAMINER'S INITIALS:

COVER LETTER

Division of Corporations	
Integrated Systems Improvement Services, Inc. SUBJECT:	
(Name of Corpora	tion)
DOCUMENT NUMBER: F14000003922	
The enclosed Resignation of Registered Agent for a Corpor	ration 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)	_
251 LITTLE FALLS DRIVE	
(Address)	-
WILMINGTON, DE 19808	
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
RESIGNATION DEPARTMENT 800 at (927-9801
(Name of Person) (Area Code	e & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 section	ons 607.0503(2), 617.0502(2), 607.1509, or 611	7.1509.	
Florida Statutes, the undersigned, CORPORATION SERVICE COMPANY			
hereby resigns as Registered Agen	Integrated Systems Improvement Services, Inc.		
nerely resigns as registered rigen	(Name of Corporation)		
F14000003922			
(Document Number, if known)			
A copy of this resignation was ma	iled to the above listed corporation at its last kn	iown address.	
The agency is terminated and the of this statement is filed.	Office discontinued on the 31st day after the date Cylind Bull Assistant Vice President (Signature of Resigning Agent)	e on which	
If signing on behalf of an entity:			
BY EYLIENA BAR	KER	2029 TAL	
	(Typed or Printed Name)	2023 SEP 14 SLORUJARY	<u></u>
VICE PRESIDENT		L4J - 1.	
	(Capacity)	AM 10: 31 OF STATE E. FLORIDA	

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