F1500000 4751

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bu	usiness Entity Name)	
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COVER LETTER

FO: Amendment Section Division of Corporations
SUBJECT: STRIVE LENDING, INC.
(Name of Corporation) OCCUMENT NUMBER: F1500004751
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:
EMILY SMITH (Name of Person)
PARACORP INCORPORATED (Name of Firm/Company)
PO BOX 160568 (Address)
SACRAMENTO CA 95833 (City/State and Zip Code)
For further information concerning this matter, please call:
EMILY SMITH (Name of Person) at (888) 418.8861 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 se	ections 607.0502(2), 617.0502(2), 607.1509	, or 617.1509,
Florida Statutes, the undersigne	ed. PARACORP INCORPORATED	I
	trante or registered rige	11()
hereby resigns as Registered Ap	eent for STRIVE LENDING, IN	C.
mereny reargina in regimered rig	(Name of Corporation)	
F15000004751		
(Document Sumber, if know	nı	
A copy of this resignation was	mailed to the above listed corporation at its	last known address.
The agency is terminated and the this statement is filed.	ne office discontinued on the 31st day after	the date on which
	QW	2020 338 177
	(Signature of Resigning Agent)	
If signing on behalf of an entity	;	
JODY M		2020 JAN 10 PM 4: 25 SECKLIARY OF STATE TALLAHASSIEE, FL
	(Typed or Printed Name)	
		ੁੱਧ ਹਵਾ
ASST. SECF	RETARY FOR PARACORP INCORPOR	RATED
•	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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