F18000000666

(Re	questor's Name)	
(Add	dress)	
- (AdA)	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: MIOTEK USA INC. (Name of Corporation)		
DOCUMENT NUMBER: F18000000666		
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for fili	ing.	
Please return all correspondence concerning this matter to the following:		
Casey Bice (Name of Person)		
Capitol Services Registered Agent Department (Name of Firm/Company)		
PO Box 1831	-1	i 11.7
(Address)	30.6	25. 35.
Austin, TX 78767 (City/State and Zip Code)	55	77)
For further information concerning this matter, please call:	РМ 5:	080 080 081 080
Casey Bice at (800) 345-4647 (Name of Person) at (Area Code & Daytime Telephone Number)	11	ATIONS

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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), 607.1509, or 617.1509.		
Florida Statutes, the undersigned, Capitol Corporate Services, Inc. (Name of Registered Agent)		
hereby resigns as Registered Agent for MIOTEK USA INC. (Name of Corporation)		
F1800000666 (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.		
(Signature of Resigning Agent) If signing on behalf of an entity:	18 001 15	STORES OF DESIGNATION OF THE SAME AND THE SA
Jason Fischer (Typed or Printed Name)	3	- 사유 - 유유
(Typed of Finited Name)	2: Մ	PATE
Assistant Secretary		Č:

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)