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	To: Division of Corporations Fax Number : (850)617-6380		
	From: Account Name : INCORPORATING S Account Number : I20050000052 Phone : (850)656-7956 Fax Number : (850)656-7953	ERVICES, LTD.	~ `
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: SUITENESS, INC.

(Name of Corporation)

DOCUMENT NUMBER: F18000004194

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:

Westley Look	
(Name of Person)	\$
Incorporating Services, Ltd.	
(Name of Firm/Company)	
3500 S DuPont Hughway	∠.
(Address)	
Dover, DE 19901	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Westley Look 302 .	531-0703
(Name of Person) (Area Code	& Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department	of State for SUT SA for an action assure

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 $\sim .0$

Incorporating Servic

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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, Incorporating Services, Ltd. (Name of Registered Agent) hereby resigns as Registered Agent for SUITENESS, INC. (Name of Corporation)

F18000004194

(Decument 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.

E. riteral (CEEDacin Marchelt, (Signature of Resigning Agent)

If signing on behalf of an entity:

Amanda	Archambault

(Typed or Printed Name)

Assistant Secretary

(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Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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 ..

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