

# F1800004345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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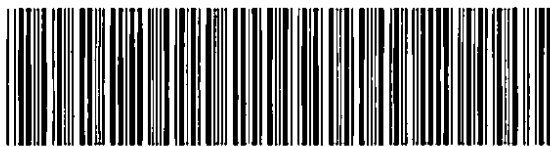
(Business Entity Name)

(Document Number)

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2022 DEC -6 AM 8:58  
SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2022 DEC -6 AM 11:54  
TALLAHASSEE, FLORIDA

12/7/2022

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 417444 8323810  
AUTHORIZATION :   
COST LIMIT : \$ 35.00

ORDER DATE : January 19, 2022

ORDER TIME : 9:17 AM

ORDER NO. : 417444-025

CUSTOMER NO: 8323810

RESIGNATION FILING

NAME: AFFORDABLE HEALTH SOLUTIONS IN  
C

XX RESIGNATION OF AGENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AFFORDABLE HEALTH SOLUTIONS INC  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** F18000004345  
\_\_\_\_\_

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:

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      927-9801  
\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(Name of Person)      (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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

**FILED**

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

**2022 DEC -6 AM 8:58**

**SECRETARY OF STATE  
TALLAHASSEE, FL**

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, CORPORATION SERVICE COMPANY

(Name of Registered Agent)

hereby resigns as Registered Agent for AFFORDABLE HEALTH SOLUTIONS INC

(Name of Corporation)

F18000004345

(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.

Alexxis Weiland, assistant vice president

(Signature of Resigning Agent)

If signing on behalf of an entity:

BY ALEXNIS WEILAND

(Typed or Printed Name)

ASSISTANT VICE PRESIDENT

(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**