

F190000001345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

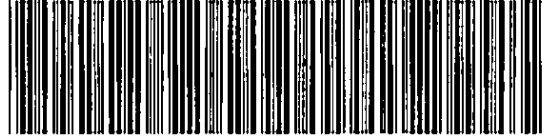
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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200373093982

RA Resignation

10/04/21--01028--012 **87.50

2021 OCT -4 PM 12 03
CLERK OF SUPERIOR COURT
STATE OF MICHIGAN

FILED

OCT 11 2021
A RAMSEY

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: H-CYTE, INC.

(Name of Corporation)

DOCUMENT NUMBER: F19000001345

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:

ATTN: Agent Resignation Team

(Name of Person)

Capitol Corporate Services, Inc.

(Name of Firm/Company)

PO Box 1831

(Address)

Austin, TX 78767

(City/State and Zip Code)

For further information concerning this matter, please call:

Agent Resignation Team

(Name of Person)

at (800) 345-4647

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED

2021 OCT -4 PM 12 03

DEPT. OF STATE
TALLAHASSEE, FL 32314

Pursuant to the provisions of sections 607.0503(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

H-CYTE, INC.

(Name of Corporation)

F19000001345

(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:

Yvette Cleveland

(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

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
2021 OCT -4 PM 12 03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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