## F19 0000004603

(Requestor's Name)
(Address)
(Address)
(Address)
(City/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: CORTICAL INTERACTIVE, INC.

(Name of Corporation)

DOCUMENT NUMBER: F19000004603

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:

Chelsea Chapman

Legalinc Corporate Services, Inc.

(Name of Firm/Company)

10601 Clarence Drive, Suite 250

Frisco, TX 75033

(City/State and Zip Code)

For further information concerning this matter, please call:

Chelsea Chapman at (844) 386-0178 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 sections 607.0502(2), 617.0502(2), 607.1509, or 617.	1509.		
Florida Statutes, the undersigned. Legalinc Corporate Services, Inc.			
(Name of Registered Agent)		_	
hereby resigns as Registered Agent for CORTICAL INTERACTIVE,	INC.		
(Name of Corporation)			
F19000004603			
(Document Number, if known)			
A copy of this resignation was mailed to the above listed corporation at its last kno.  The agency is terminated and the office discontinued on the 31st day after the date.			
this statement is filed.			
(Signature of Resigning Agent)	SEL ::	2022 AUG 23	Cast
If signing on behalf of an entity:	≥ ;	3	<u> </u>
	LAHAS	23	
Chelsea Chapman	SSE		
(Typed or Printed Name)	Ţħ.	$\overline{\sim}$	
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on Behalf of Legalinc Corporate Services, Inc.		-	

## 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- \$35.00 Administratively dissolved/voluntarily dissolved/withdrawn corporation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)