Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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T	0	:	

Division of Corporations

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From:

Account Name : RASI

Account Number : I20220000023

Phone : (800)221-2972

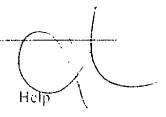
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## REGISTERED AGENT RESIGNATION FRONTIER BEAT CORP.

Certificate of Status	0
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#### **COVER LETTER**

	(Name of Person)		ode & Daytime Telephone	Number)		
TRAC	EE COTTON	883 at (	939-9589			
For fu	rther information concerning this n	natter, please ca	II:			
	(City/State and Zip Code	e)	<del></del>			
NEW	YORK, NY 10005				9	
	(Address)			-	₿	-
100 W	ALL STREET. SUITE 1401			J	AH IO:	ال _
	(Name of Firm/Company	y)			$\frac{-}{\omega}$	
BLUN	BERGEXCELSIOR CORPORATE SER				DEC	2
	(Name of Person)				2022	
TRAC	EE COTTON					
Please	return all correspondence concern	ing this matter t	o the following:			
The e	nclosed Resignation of Registered A	Agent for a Corp	poration and fee are subn	nitted for filir	ig.	
DOC	JMENT NUMBER: F19000005111					
	2100000000	(Name of Corpo	oration)			
SUBJ	FRONTIER BEAT CORP.					
TQ:	Amendment Section Division of Corporations					

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Τo

# RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509	), or 617	.1509.		
Florida Statutes, the undersigned. BLUMBERGEXCELSIOR CORPORATE SE	RVICES,	INC.		
(Name of Registered Age	nt)			
hereby resigns as Registered Agent for FRONTIER BEAT CORP.				
(Name of Corporation)				
F19000005111				
(Document Number, if known)				
A copy of this resignation was mailed to the above listed corporation at its	last kno	own add	ress.	
The agency is terminated and the office discontinued on the 31st day after this statement is filed.	the date	on whi	2022 DEC 13	,
(Signature of Resigning Agent)				
If signing on behalf of an entity:		-	AH 10:	: :
MARY BROOKS			10: 16	الجيب
(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