# F2000002693

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600407514266

resignation or

RECEIVED

TILETU ANII

A. RAMSEY
JUN 1 5 2023

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

		ACCOUNT	NO. :	I2000	0000195
		REFERE	INCE :	80877	6 832381
		AUTHORIZAT	: NOI	مرا الما	The one
		COST LI	MIT :	\$ 35.	00
ORDER I	DATE :	June 9, 2023	<b>i</b>		
ORDER '	TIME :	9:57 AM			
ORDER 1	NO. :	808776-010			
CUSTOM	ER NO:	8323810			
		<b>-</b>			
		CHANGE	OF AGE	<u>NT</u>	
	NAME:	ELECTRIOU	IS INC.		
PLEASE	RETURN	THE FOLLOWIN	G AS P	ROOF OF	FILING:
		FIED COPY	_		
<u>XX</u>	_ PLAIN	STAMPED COPY			
CONTAC	T PERSOI	N: Unassigne	ed E	XT#	

EXAMINER:

#### **COVER LETTER**

ibmitted for filing
one 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 AGENZO23 JUN 14 AM II: 57

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 Electrious Inc. (Name of Corporation) F20000002693 (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. alixeis Wailand-Sinnson, Aup (Signature of Resigning Agent) If signing on behalf of an entity: BY ALEXXIS WEILAND-SORENSON (Typed or Printed Name) ASSISTANT VICE PRESIDENT

### 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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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)