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RECEIVED 2024 HAR -8 AMII: 16 SECRETARY OF STATE FALLALASSEE, FLORIDA





FLORIDA DEPARTMENT OF STATE Division of Corporations

March 11, 2024

,

CORPORATION SERVICE COMPANY

SUBJECT: FIELD TRIP HEALTH USA INC. Ref. Number: F20000004889



Since the corporation is active, the fee to resign as Registered Agent is \$87.50.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

RUSSELL L HUNT Regulatory Specialist III

Letter Number: 924A00005198

Please give original submission date as file date.

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www.sunbiz.org

Division of Corporations - P.O. BOX 6327 Tallahasson, Florida 32314

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To: Department Of State, Division Of Corporations From: Shauna Godbolt Ext: Date: 03/08/24 Order #: 1438638-11 Re: Field Trip Health USA Inc. Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find: Application for Certificate of Agent Resignation \$7.50:120000000195 auto

Please take the following action: File in your office on basis Issue Proof of Filing

**Special Instructions:** 

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.



## **COVER LETTER**

TO:	Amendment Section
	Division of Corporations

Field Trip Health USA Inc. SUBJECT:

(Name of Corporation)

DOCUMENT NUMBER: F20000004889

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
 at (
 927-9801

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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## 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, <u>CORPORATION SERVICE COMPANY</u> (Name of Registered Agent)

hereby resigns as Registered Agent for \_\_\_\_\_\_Field Trip Health USA Inc.

(Name of Corporation)

F20000004889

(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:

(Typed or Printed Name)	024 HAR
VICE PRESIDENT	- <b>8</b>
(Capacity)	AH 9: 12 See, Fl

## 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