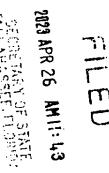
(Requestor's Name)	_
(Address)	
(//////////////////////////////////////	
(Address)	
(City/State/Zip/Phone #)	
PICK-UF WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
Certificates of Status	
Instructions to Filing Officer.	
Office Use Only	



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A. RAMSEY APR 2 7 2023

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 04/26/23

NAME: OPTIKS SOLUTIONS INC

TYPE OF FILING: RESIGNATION

COST: 874.50

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Amendment Section Division of Corporations	
OPTIKS SOLUTIONS INC	
(1	(Name of Corporation)
DOCUMENT NUMBER: F21000000120	
The enclosed Resignation of Registered Age	gent for a Corporation and fee are submitted for filing
Please return all correspondence concerning	ng this matter to the following:
LEISA PICHARD	
(Name of Person)	
FLORIDA FILING & SEARCH SERVICES INC	
(Name of Firm/Company)	
155 OFFICE PLAZA DRIVE	
(Address)	
TALLAHASSEE FL 32301	
(City/State and Zip Code)	
For further information concerning this mat	atter, please call:
LEISA PICHARD	850 216-0457 at ()
(Name of Person)	at () (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

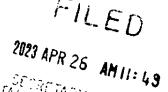
Mailing Address:

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



Pursuant to the p	rovisions of sections 607.0503(2).	, 617.0502(2), 607.1509, or 617.1509, 12.
Florida Statutes	the undersigned, FLORIDA FILING	6 & SEARCH SERVICES INC
riorida Statatos,		(Name of Registered Agent)
harahu raciane ae	Registered Agent for OPTIKS SO	DLUTIONS INC
nercoy resigns as	Registered Agent for	(Name of Corporation)
F21000000120		
(Document	Number, if known)	
A copy of this res	ignation was mailed to the above	listed corporation at its last known address
The agency is ter this statement is		ed on the 31st day after the date on which
	Chhie H	Signing Agent)
If signing on beh	alf of an entity:	
	ABBIE HODGE	
	(Typed or Pri	nted Name)
	SENIOR VICE PRESIDENT	
	(Capac	city)

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