

F210000005500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

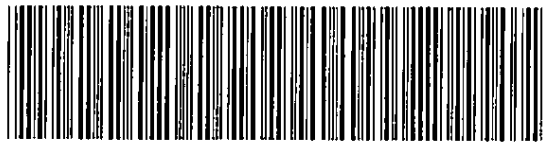
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED

2024 JUN 25 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2024 JUN 25 AM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext:
Date: 06/25/24
Order #: 1541687-4
Re: Cue Health Inc.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Agent Resignation

Amount to be deducted from our State Account: \$87.50 - FL State Account Number:
I20000000195

AUTH

A handwritten signature in cursive script, appearing to read "L. Miller", is written over the word "AUTH".

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

SUBJECT: Cue Health Inc.

(Name of Corporation)

DOCUMENT NUMBER: F21000005500

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

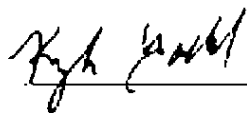
Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, CORPORATION SERVICE COMPANY
(Name of Registered Agent)

hereby resigns as Registered Agent for Cue Health Inc.
(Name of Corporation)

F21000005500
(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:

BY KYLE TODD

(Typed or Printed Name)

VICE PRESIDENT

(Capacity)

FILED
2024 JUN 25 AM 9:30
TALLAHASSEE, FLORIDA

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