

FZ1 00000 6180

(Requestor's Name)
(Address)
(Address)
(100.000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only



200439539652

11/13/24 -01023--008 *#87.50



COVER LETTER

(Name of Person) Registered Agents, Inc. (Name of Firm/Company) stealf Ave. Suite 140		to the following:	in
(Name of Person) Registered Agents, Inc.		to the following:	in្
ruch	ng this matter	to the following:	ing
·	ng this matter	to the following:	ing
etum all correspondence concernit	ng this matter	to the following:	inį
			ing
losed Resignation of Registered A	gent for a Cor	poration and fee are submitted for fil	
MENT NUMBER: F21000006180			
CT:	(Name of Corp	oration)	
ZING DRONE DELIVERY INC.			
	ZING DRONE DELIVERY INC.	<u>[:</u>	ZING DRONE DELIVERY INC.

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

	07.0503(2), 617.0502(2), 607.1509, or 617.1509,	1	
Florida Statutes, the undersigned, University	ersal Registered Agents, Inc.		
	(Name of Registered Agent)		
hereby resigns as Registered Agent for	ZING DRONE DELIVERY INC.		
(Name of Corporation)			
F21000006180			
(Document Number, if known)	_		
A copy of this resignation was mailed to	o the above listed corporation at its last known ac	ddress.	
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on wh	hich	
Mg/L_	Mondary Of Resigning Agent)		
If signing on behalf of an entity:			
Bryan Baruch			
((Typed or Printed Name)	2024	
0		₹" {	
Secretary		မ္ဟု \Xi	
Elas for Elin	SSEE. FE	EC 30 PH 4: 45	
	g this document:	<u> </u>	
	ministratively dissolved/voluntarily dissolved/		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation