9/27/23, 5:52 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : INCORPORATING SERVICES, LTD.

Account Number : I20050000052 Phone : (850)656-7956 Fax Number : (850)656-7953

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email /	Address:	

REGISTERED AGENT RESIGNATION PAYONWARD, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

J. HORNE

NOV 15 2023

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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJI	ECT: PAYONWARD, INC.
	(Name of Corporation)
DOCU	MENT NUMBER: F22000000429
The en	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
We	stley Look
	(Name of Person)
Inco	orporating Services, Ltd.
*	(Name of Firm/Company)
350	00 S DuPont Hughway
	(Address)
Dov	ver, DE 19901
	(City/State and Zip Code)
For fu	ther information concerning this matter, please eall:
We	stley Look (Name of Person) at (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)

Π

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

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23 MCY 14 FM 9:41 RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned. <u>Incorporating Services</u>, Ltd.

(Name of Registered Agent)

hereby resigns as Registered Agent for PAYONWARD, INC.

(Name of Corporation)

F22000000429

(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.

If signing on behalf of an entity:

Amanda Archambault

(Typed or Printed Name)

Assistant Secretary

(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation