

F22000004445

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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Resignation of
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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2023 JUN 14 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 801409 8323810

AUTHORIZATION

COST LIMIT : \$ 87.50

ORDER DATE : June 8, 2023

ORDER TIME : 9:57 AM

ORDER NO. : 801409-055

CUSTOMER NO: 8323810

Resignation
CHANGE OF AGENT

NAME: MEDLY HEALTH INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Unassigned -- EXT#

EXAMINER: _____

100

SUBJECT: Medly Health Inc.
(Name of Corporation)

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:

CORPORATION SERVICE COMPANY

(Name of Firm/Company)

WILMINGTON, DE 19808

(City/State and Zip Code)

RESIGNATION DEPARTMENT _____ at (_____) 800 927-9801
(Name of Person) (Area Code & Daytime Telephone Number)

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

FILED

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

2011 JUN 14 PM 12 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Medly Health Inc.

(Name of Corporation)

F22000004445

(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.

Alexxis Weiland-Sorenson, ACP

(Signature of Resigning Agent)

If signing on behalf of an entity:

BY ALEXSIS WEILAND-SORENSEN

(Typed or Printed Name)

ASSISTANT VICE PRESIDENT

(Capacity)

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