F95000006191

(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



600378645396

resignation

01/53/22--01007--015 **35.00

2022 JAN -3 PM12 18

A. RAMSEY JAN 2 1 2022

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Xpo	ondr Corporation Delaware			
30B3EC1	(Name of Corporation)			
DOCUMENT N	IUMBER: F95000006191			
The enclosed Of	ficer/Director Resignation f	or a Corporat	ion and fee are submitted for filing	
Please return all	correspondence concerning	this matter to	the following:	
Lincoln Charlot				
	(Name of Person)			
Xpondr Corporation	1			
	(Name of Firm/Company)			
PO Box 3430				
	(Address)			
Pinellas Park, FL	33780			
	(City/State and Zip Code)		- 	
For further inform	mation concerning this matt	ter, please cal	1:	
Lincoln Charlot		727	541-4149) ode & Daytime Telephone Number)	
(1	Name of Person)	(Area C	ode & Daytime Telephone Number)	

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

OFFICER / DIRECTOR RESIGNATION \sqsubseteq

2022 JAN - 3 PM 12 18

	SECTEMEN OF STATE TWO PLASSES FROM
Michael N Bryan I,	DSTV , hereby resign as
.,	(Title)
Xpondr Corporation(Delaware) of	
(Name of	Corporation)
F95000006191	a corporation organized under the laws of the State of
(Document Number, if known)	
Delaware	
	MANI
(Sig	nature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314