L18000229635

(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:					

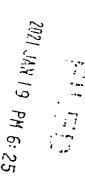
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FEB 2 6 2021 S. YOUNG



COVER LETTER

ΓO: Registration Section Division of Corporations
SUBJECT:Andes Blockchain Consulting LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L18000229635
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitte for filing.
Please return all correspondence concerning this matter to the following:
United States Corporation Agents, Inc.
Name of Person
_egalzoom.com, Inc.
Name of Firm/Company
101 North Brand Blvd. 11th Floor
Address
Glendale, CA 91203
City/State and Zip Code
aresignations@legalzoom.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (800) 773-0888 Area Code Daytime Telephone Number
Atea Code Traytime Felephone Number

Enclosed is a check made payable to the Florida Department of State for \$85,00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Sta	tutes, the undersigned.	
United States Corporation Agents, Inc. hereby resignation			
	Name of Registered Agent		
Registered Agent for	Andes Blockchain Consulting	LLC	
	Name of Limited Liability Co	ompany	·
L18000229635			
Document N	lumber, il'known		
A copy of this resignati	ion was mailed to the above listed li	mited liability company at its last b	known address.
The agency is terminate	ed and the office discontinued on th		this statement is filed.
If signing on behalf of a	an entity:	esigning Agent	2021 JAN 19
	Cheyenne Moseley Typed or Printed	Name.	- 22
	Asst. Secretary for United States (
	Capacity		PH 6: 25
	<u>FILING FEES:</u> \$ 85.00 — Active limi \$ 25.00 — Administra	ted liability company tively dissolved/voluntarily disso	olved/

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

withdrawn limited liability company