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R

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605,0115, Florida Sta	atutes, the undersigned,		
Capitol	Corporate Services, Inc.	, hereby res	signs as	
	Name of Registered Agent		•	
Registered Agent for	Н	AM USA, LLC		
L	Name of the	e Limited Liability Company		J
L20000	038827			
Document Nun				
A copy of this resignation	was mailed to the above listed l	imited liability company at	t its last known address.	
The agency is terminated	and the office discontinued on the	ne 31st day after the date of	n which this statement is	filed.
	MU	Projection As at the second		
	Signature of	Resigning Agent		
If signing on behalf of an	entity:		—i na	
	Yvette Clev	veland	2022 JUN 17 Secret BES FALLAHASSI	
	Typed or Printed	Name		_(i
	Assistant Se	cretary	ASS ASS	7
	Capacity		<u> </u>	
	FILING FEES: \$ 85.00  Active lim \$ 25.00  Administr	nited liability company atively dissolved/volunta n limited liability compan	下で、 ・ <b>2: 53</b> rily dissolved/	

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