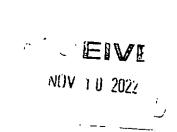


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COVER LETTER

UPWARD INNOVATIONS LLC	
SUBJECT: Name of Limited Liability	Company
DOCUMENT NUMBER: L21000258606	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Chelsea Chapman	
Name of Person	
Legaline Corporate Services, INC.	
Name of Firm/Company	
10601 Clarence Dr Ste 250	
Address	
Frisco, TX 75033-3867	
City/State and Zip Code	
ra@legaline.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Cheisea Chapman 844	386-0178)
Name of Person Area Code) Daytime Telephone 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Legaline Corporate Services, INC.			, hereby resigns as			
	Name of Registered Agent		, norosy rougha air			
Registered Agent for	IPWARD INNOVATION	NS LLC				
	Name of Limit	ted Liability Company			 ,	
L21000258606						
Document N	umber, if known					
A copy of this resignati	on was mailed to the ab	oove listed limited liability	company at its last know	vn addre	:ss.	
The agency is terminate	ed and the office discon	tinued on the 31st day afte	r the date on which this :	statemer	ıt is fi	led.
If signing on behalf of a	an entity:					
	Chelsea Chapman		-4		202	
	Ty	ped or Printed Name		i '	2022 N. V. 10	
	On Behalf of Legaline	Corporate Services, INC.			٠ تــ	-23. 6
		Capacity	Ţ	γΩ γΩ γΩ	AP IX	
	FILING F © \$ 85.00 © \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabili	ompany ed/voluntarily dissolved	STATE	8: 28	

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