Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H240003306063ABCT

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To:
        Division of Corporations
        Fax Number      : (850)617-6383

From:
        Account Name    : PARASEC
        Account Number  : I20180000086
        Phone           : (916)576-7000
        Fax Number      : (800)603-5868
```

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

```
        Email Address:_____
```

2024 SEP 30 PM 1:21 FILED TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT RESIGNATION
BIRDS EYE ACCOUNTING & FINANCE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$25.00

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STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

ROCKET LAWYER CORPORATE SERVICES LLC , hereby resigns as

<div align="center">Name of Registered Agent</div>

Registered Agent for __Birds Eye Accounting & Finance LLC__

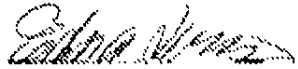<div align="center">Name of Limited Liability Company</div>

L21000469767

<div align="center">Document Number, if known</div>

A copy of this resignation was mailed to the above listed limited liability company 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.

<div align="center">Signature of Resigning Agent</div>

If signing on behalf of an entity:

EDNA PERRY

<div align="center">Typed or Printed Name</div>

Asst. Secretary Rocket Lawyer Corporate Services LLC

<div align="center">Capacity</div>

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TALLAHASSEE, FLORIDA
FILED

FILING FEES:
$ 85.00   Active limited liability company
$ 25.00   Administratively dissolved/ voluntarily dissolved/
               withdrawn limited liability company

<div align="center">

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

</div>

INHS17 (2/14)