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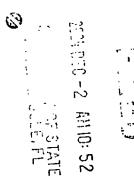
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COVER LETTER

Registration Section Division of Corporations TO: SUBJECT: Optimize Prime A.I. LLC Name of Limited Liability Company DOCUMENT NUMBER: L23000475283 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: United States Corporation Agents, Inc. Name of Person Legalzoom.com, Inc. Name of Firm/Company 9900 Spectrum Dr. Address Austin, TX 78717 City/State and Zip Code raresignations@legalzoom.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved of withdrawn limited liability company. MAILING ADDRESS: STREET ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 605.011	15, Florida Statutes, the unde	ersigned.
United States Cor	poration Agents, Ir	nc.	_ , hereby resigns as
	Name of Registered Age	ent	. Hereby resigns as
Registered Agent for _	Optimize Prime A.I	I. LLC	
	Name of Lin	nited Liability Company	,
L23000475283			
Document 8	Sumber, if known		
A copy of this resignat	ion was mailed to the a	above listed limited liability	company at its last known address.
The agency is terminat		ontinued on the 31st day after Trutlein Signature of Resigning Agent	er the date on which this statement is filed.
		Signature of Resigning Agent	
f signing on behalf of	an entity:		
	Erik Treutlein		
	T	yped or Printed Name	
	Vice President on beha	If of United States Corporation A	igents, Inc.
		Capacity	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolve withdrawn limited liability	ompany ed/ voluntarily dissolved/

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