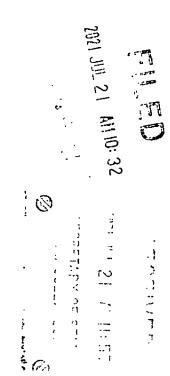
M14000004414

(Requestor's Name)
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PICK-UP WAIT MAIL
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RARES

JUL 20 7021 LALBRITTON

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 920053 8323810

AUTHORIZATION :

COST LIMIT : \$725.00

ORDER DATE : July 20, 2021

ORDER TIME : 10:42 AM

ORDER NO. : 920053-005

CUSTOMER NO: 8323810

CHANGE OF AGENT

NAME: ARCTIC EXPRESS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Unassigned

EXAMINER'S INITIALS:

COVER LETTER

SUBJECT: ARCTIC EXPRESS CALIFORNIA, LLC	
Name of Limited Liabilit	y Company
DOCUMENT NUMBER: M14000004414	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to	he following:
RESIGNATIONS DEPARTMENT	
Name of Person	-
CORPORATION SERVICE COMPANY	
Name of Firm/Company	-
251 LITTLE FALLS DRIVE	
Address	-
WILMINGTON, DE 19808	
City/State and Zip Code	-
ANNUALREPORTS@CSCGLOBAL.COM	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
RESIGNATION DEPT 800 at (927-9801
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

CORPORATION SE	RVICE COMPANY	, hereby resigns as
	Name of Registered Agent	_ (
Registered Agent fo	ARCTIC EXPRESS CALIFORNIA, LLC	
	Name of Limited Liability Company	·
M14000004414		
Documer	t Number, if known	
-	nation was mailed to the above listed limited liability nated and the office discontinued on the 31st day aft Explanation Washington Signature of Resigning Agent	er the date on which this statement is filed.
	Signature of Resigning Agent	
If signing on behalf		
If signing on behalf		2021 JUL 21

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

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