

MZI 0000S707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

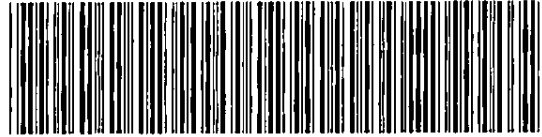
(Business Entity Name)

(Document Number)

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2024 JAN -4 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FL

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2024 JAN -4 PM 2:58  
SECRETARY OF STATE  
TALLAHASSEE, FL

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 01/04/2024

**PRIORITY** Routine

**OUR REF # (Order ID#)** Westley

**ORDER ENTITY**

**SPLASH INTELLIGENCE, INC.**

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**SPLASH INTELLIGENCE, INC.**

Please file the attached resignation.

**NOTES:**

\$35.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



2024 JAN -4 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FL  
WESTLEY

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SPLASH INTELLIGENCE, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** M21000005707

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Westley Look

(Name of Person)

Incorporating Services, Ltd.

(Name of Firm/Company)

3500 S DuPont Highway

(Address)

Dover, DE 19901

(City/State and Zip Code)

For further information concerning this matter, please call:

Westley Look

(Name of Person)

at ( 302 ) 531-0703

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

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2021 JAN -11 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FL

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, Incorporating Services, Ltd.

(Name of Registered Agent)

hereby resigns as Registered Agent for SPLASH INTELLIGENCE, INC.

(Name of Corporation)

M21000005707

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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.

A. Archambault

(Signature of Resigning Agent)

If signing on behalf of an entity:

Amanda Archambault

(Typed or Printed Name)

Assistant Secretary

(Capacity)

**Fee for filing this document:**

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

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

2022 JAN 14 AM 11:09  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL