_____
(Requestor's Name)

_____
(Address)

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(Address)

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(City/State/Zip/Phone #)
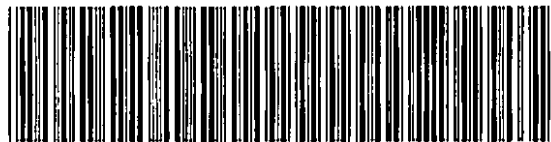
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_____
(Business Entity Name)

_____
(Document Number)

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RA-Resign

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2021

COREY HOLTHAUS
CLIFTONLARSONALLEN LLP
201 N FRANKLIN ST #2500
TAMPA, FL 33602

SUBJECT: MATEMORPHOSIS, INC
Ref. Number: N13000006871

We have received your document and check(s) totaling $160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a FLORIDA NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s). There is an additional filing fee of $10.00 still due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 921A00005045

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MATEMORPHOSIS, INC
_____
(Name of Corporation)

DOCUMENT NUMBER: N13000006871
_____

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:

BRIDGETTE CRUZ
_____
(Name of Person)

MATEMORPHOSIS, INC.
_____
(Name of Firm/Company)

3433 Lithia Pinecrest Rd, Suite 240
_____
(Address)

Valrico, FL 33596
_____
(City/State and Zip Code)

For further information concerning this matter, please call:

Corey Holthaus _____ at (813) 384-2763 _____
(Name of Person)   (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of State for $87.50 for an active corporation or $35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:	**Street Address:**
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

CR2E046 (12/19)

RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, CliftonLarsonAllen, LLP
_____
(Name of Registered Agent)

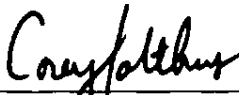hereby resigns as Registered Agent for Matemorphosis, Inc.
_____
(Name of Corporation)

N13000006871
_____
(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.

_____
(Signature of Resigning Agent)

If signing on behalf of an entity:

Corey Holthaus
_____
(Typed or Printed Name)

Principal
_____
(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