N18 000010330

| (Re | equestor's Name) | <u> </u> |
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| (Ad | ldress) | |
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| (Ad | ldress) | |
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| (Cri | ty/State/Zip/Phone | 2 #) |
| PICK-UP | WAIT | MAIL |
| | | |
| (Bu | siness Entity Nar | ne) |
| (Do | ocument Number) | |
| 0.0 | odinent Number) | |
| Certified Copies | _ Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Amendment Section Division of Corporations | |
|---|-------------------------|
| SUBJECT: Forseti Associates Inc. | |
| (Name of Corporation) | |
| DOCUMENT NUMBER: N18000010330 | |
| The enclosed Resignation of Registered Agent for a Corporation and fee ar | e 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) | |
| For further information concerning this matter, please call: | |
| at (800) 773-088 | 88 |
| (Name of Person) at () (Area Code & Daytime Tele | ephone 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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. United States Corporation Agents, Inc. |
| (Name of Registered Agent) |
| hereby resigns as Registered Agent for Forseti Associates Inc. |
| (indicate of Corporation) |
| N18000010330 |
| (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: |
| Cheyenne Moseley |
| (Typed or Printed Name) |
| Cheyenne Moseley (Typed or Printed Name) Asst. Secretary for United States Corporation Agents, Inc. (Capacity) |
| (Capacity) |
| FEE TO THE STATE OF THE STATE O |
| Fee for filing this document: |
| \$87.50 - Active Corporation |
| \$35.00 - Administratively dissolved/voluntarily dissolved/ |

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

withdrawn corporation