NIGOCCECITOSTA

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.
_

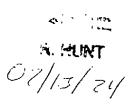
Office Use Only



200423782972

02/13/24--01021--010 **35.00





COVER LETTER

Division of Corporations		
SUBJECT: Heavenly Inspired by Spirits Vision Incorporated		
(Name of Corporation)		
DOCUMENT NUMBER: N19000007087		
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:		
United States Corporation Agents, Inc.	7 6?	
(Name of Person)	?	
Legalzoom.com, Inc.	; C.3	
(Name of Firm/Company)		٠,٠٠
9900 Spectrum Dr.	PM 1: 5!	Ö
(Address)	25	
Austin, TX 78717	.	
(City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Person) at (800) 773-0888 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

TO: Amendment Section

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	of sections 607.0502(2), 617.0502(2), 607.1509, or 617.			
Florida Statutes, the unders	igned. United States Corporation Agents, Inc.	•		
	(Name of Registered Agent)			
hereby resigns as Registere	d Agent for Heavenly Inspired by Spirits Vision Inc	orpor	ated	
	(Name of Corporation)			
N19000007087				
(Document Number, if k	known)			
A copy of this resignation v	was mailed to the above listed corporation at its last know	wn add	lress.	
The agency is terminated arthis statement is filed.	nd the office discontinued on the 31st day after the date of	on whi	ch	
	Cul			
	(Signature of Resigning Agent)			
If signing on behalf of an er	ntity:		7 9%	
Cheye	enne Moseley	C Ç	(). 	
	(Typed or Printed Name)		<u>.</u>	٠
	רת רת		Hd	; i,
Asst. Sec	cretary for United States Corporation Agents, Inc.	STA.	525 6	Dec.
	(Capacity)	E S	אר זינ	

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