N19000012055

(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:		

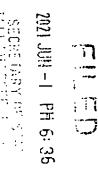
Office Use Only



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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Animals Feel Pain Corporation
	(Name of Corporation)
DOCU	JMENT NUMBER: N19000012055
The er	iclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Unit	ed States Corporation Agents, Inc.
•	(Name of Person)
Leg	galzoom.com, Inc.
	(Name of Firm/Company)
101	North Brand Blvd. 11th Floor
	(Address)
Gle	ndale, CA 91203
	(City/State and Zip Code)
For fu	ther information concerning this matter, please call:
	_{at} 800 ,773-0888
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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 617.1	509.
Florida Statutes, the undersigned. United States Corporation Agents, Inc.	
(Name of Registered Agent)	
hereby resigns as Registered Agent for Animals Feel Pain Corporation	on
(Name of Corporation)	
N19000012055	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last know	n address.
The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed.	n which
(Signature of Resigning Agent)	200
If signing on behalf of an entity:	問言が
Cheyenne Moseley	差上流
(Typed or Printed Name)	
	ં છ
Asst. Secretary for United States Corporation Agents, Inc.	: : : : : : : : : : : : : : : : : : :
(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