N2000004910

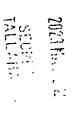
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	J. HORNE JUL 25	2023





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8



Resignation of Registered Agent and Office

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: (800) 345-4647 Fax (800) 432-3622

regagent@capitolservices.com

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

DATE: STATE:

5/16/2023 FLORIDA

REP UNIT:

NEOGENOMICS FOUNDATION,

INC.

Enclosed for filing please find a Resignation of Registered Agent and Office for the above referenced name, which is to be filed in your office. Enclosed is check # 33181 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call (800) 345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767



RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	Capitol Corporate Services, Inc.
hereby resigns as Registered Agen	(Name of Registered Agent)
NEOGENOMICS FOUNDAT	FION, INC.
	(Name of Corporation)
N20000004970	
(Document Number, if known)	
A copy of this resignation was ma	iled to the above listed corporation at its last known address.
The agency is terminated and the of this statement is filed.	(Signature of Resigning Agent)
If signing on behalf of an entity:	
	Yvette Cleveland (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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

CR2E046 (12/19)



Return Acknowledgement to:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767 800.345.4647



Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Capitol Corporate Services, Inc. (Name of Registered Agent)
hereby resigns as Registered Agent for
NEOGENOMICS FOUNDATION, INC.
(Name of Corporation)
N2000004970
(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:
Yvette Cleveland
(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