N21000013192

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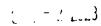
Office Use Only



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COVER LETTER

| Division of Corporations | |
|--|---|
| HELPING HANDS BURMA INC SUBJECT: | |
| (Name of Corporati | on) |
| DOCUMENT NUMBER: N210000013192 | |
| The enclosed Resignation of Registered Agent for a Corpora | ation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the | ne following: |
| Travis Crabtree | |
| (Name of Person) | |
| LEGALCORP SOLUTIONS, LLC | |
| (Name of Firm/Company) | |
| 3 Greenway Plaza #1320 | |
| (Address) | |
| Houston, TX 77046 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| LegalCorp Solutions, LLC 888 at (| 534-3018 |
| (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sectio | ns 607.0503(2), 617.0502(2), 607.1509, or 617.1509, |
|--|---|
| Florida Statutes, the undersigned, | LEGALCORP SOLUTIONS, LLC |
| Tiorida Statutes, the undersigned, | (Name of Registered Agent) |
| hereby resigns as Registered Agent | for HELPING HANDS BURMA INC |
| nercoy resigns as Registered Agent | (Name of Corporation) |
| N21000013192 | |
| (Document Number, if known) | |
| A copy of this resignation was mail | led to the above listed corporation at its last known address |
| The agency is terminated and the or this statement is filed. | ffice discontinued on the 31st day after the date on which |
| | |
| | (Signature of Resigning Agent) |
| If signing on behalf of an entity: | |
| Travis Crabtree | |
| | (Typed or Printed Name) |
| | · |
| Member | <u></u> |
| | (Capacity) |
| | (Capacity) |
| | 전 |
| Fee for | filing this document: |
| \$87.50 - | · Active Corporation |

\$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