Division of Corporations Electronic Filing Cover Sheet

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(((H210001187203)))



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Ta:

Division of Corporations

Fax Number

: (850)617-6380

From:

...

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	-
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REGISTERED AGENT RESIGNATION AMPLIFY CLINICAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Electronic Filing Menu Corporate Filing Menu

Help^{2,5} 2021

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, CT CORPORATION SYSTEM		
(Name of Registered Agent)		
hereby resigns as Registered Agent for AMPLIFY CLINICAL, INC.		
(Name of Corporation)		
P0000009575		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last know	wn addro	ess.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on which	า
(Signatured) Resigning Agent)		
If signing on behalf of an entity:		7971;
Kimberly Laughrey]; -
(Typed or Printed Name)	350 200	
ASSISTANT SECRETARY	ESTA EE, FI	PM 1:3
(Capacity)	E	3

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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