

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone #	7)
PICK-UP	☐ WAIT	MAIL
	- Falls Name	
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copie	_ Certificates o	f Status
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Special Instructions to	Filing Officer:	
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18 JUN -4 PH 14: 50 SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

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FO: Amendment Section Division of Corporations
SUBJECT: MOMO INVESTMENTS, INC.
(Name of Corporation) DOCUMENT NUMBER: COGENCY GLOBAL INC.
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:
Gretchen McDougal
(Name of Person)
COGENCY GLOBAL INC.
(Name of Firm/Company)
850 New Burton Rd. Suite 201
(Address)
Dover, DE 19904
(City/State and Zip Code)
For further information concerning this matter, please call:
Gretchen McDougal at 866 621.3524
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

TO:

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 sect	ions 607.0502(2), 617.0502(2), 607.1509, or 617.1.	509.
Florida Statutes, the undersioned	COGENCY GLOBAL INC.	
	(Author Registered Agent)	
In an above and are a set Description and Assault	nt for MOMO INVESTMENTS, INC	.
nereny resigns as Registered Age	(Name of Corporation)	
P04000025010		
(Document Number, if known)		
A copy of this resignation was ma	ailed to the above listed corporation at its last know	m address.
The agency is terminated and the this statement is filed.	office discontinued on the 31st day after the date o	n which
	(Signature of Resigning Agent)	هـ شد
	(Signature of Resigning Agent)	P 00
If signing on behalf of an entity:	•	E T
Gretchen	McDougal	FILE DA
	(Typed or Printed Name)	PH "4: 50
Assistant	Secretary	: 50
	(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, F1. 32314