P04000037897

Office Use Only



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COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: PROKYPTO, INC. |
| (Name of Corporation) |
| DOCUMENT NUMBER: P04000032897 |
| 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: |
| Rachel Schott |
| (Name of Person) |
| PARACORP INCORPORATED |
| (Name of Firm/Company) |
| PO BOX 160568 |
| (Address) |
| SACRAMENTO CA 95833 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Rachel Schott at (800)533.7272 (Area Code & Daytime Telephone Number) |
| (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clitton 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 $607.0502(2)$. $617.0502(2)$. 607.1 | 509, or 617.1509, |
|---|--------------------------|
| Florida Statutes, the undersigned. PARACORP INCORPORAT | ΈD |
| (Name of Registered Agent) | |
| hereby resigns as Registered Agent for PROKYPTO, INC. | |
| (Name of Corpora | tion) |
| P04000032897 | |
| (Document Number, if known) | |
| A copy of this resignation was mailed to the above listed corporation a | t its last known address |
| The agency is terminated and the office discontinued on the 31st day a this statement is filed. | fter the date on which |
| (Signature of Resigning Agent) | _ |
| (Signature of Resigning Agent) | . 1 |
| If signing on behalf of an entity: | ji - · |
| ADIOALE DETEROON | 27.73 |
| ABIGALE PETERSON | 2 |
| (Typed or Printed Name) | i. 7 |
| | |
| ASST. SECRETARY FOR PARACORP INCORP | PORATED 75 99 8 |
| (Capacity) | 02 |

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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