

PO# 000 159 372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

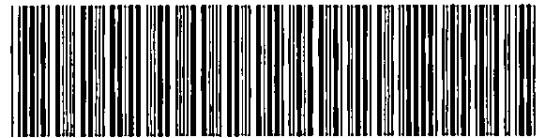
(Business Entity Name)

(Document Number)

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NOV 26 2019
S. YOUNG

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S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Paycri Inc.
(Name of Corporation)

DOCUMENT NUMBER: P04000159372

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:

Sofia Powell-Cosio
(Name of Person)

Sofia Powell- Cosio, PA
(Name of Firm/Company)

1900 SW 3rd Ave.
(Address)

Miami, Fla. 33129
(City/State and Zip Code)

For further information concerning this matter, please call:

Sofia Powell-Cosio at (305) 579-9988
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
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 sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, SPC MANAGEMENT SERVICES INC.
(Name of Registered Agent)

hereby resigns as Registered Agent for PayCri, Inc.
(Name of Corporation)

P040001593721
(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.

Sofia Powell - Cosio
(Signature of Resigning Agent)

If signing on behalf of an entity:

Sofia Powell-Cosio
(Typed or Printed Name)

President
(Capacity)

FILED
19 OCT 30 AM 9:25

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withdrawn corporation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