P140000 6 5450

(Requestor's Name)		
(Address)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(2007)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Special instructions to Fining Officer.		





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2024 DEC 16 AM 8: 17 SECRETARY OF STATE TALLAHASSEE, FL



COVER LETTER

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TO: Amendment Section Division of Corporations

SUBJECT: GROM SOCIAL ENTERPRISES, INC.

(Name of Corporation)

DOCUMENT NUMBER: P14000065450

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:

SAIDA GALAN

(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:

SAIDA GALAN

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 617.15	509,	
Florida Statutes, the undersigned, PARACORP INCORPORATED		
(Name of Registered Agent)		
hereby resigns as Registered Agent for GROM SOCIAL ENTERPRISES	S, INC.	
(Name of Corporation)		
P14000065450		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last known. The agency is terminated and the office discontinued on the 31st day after the date or		
this statement is filed.	r winen	
(Signature of Resigning Agent)	2024 DEC 16 SECRETAR TALLAHA	• • • •
If signing on behalf of an entity:	₹50 - 1	Parties of
Abigale Peterson	SEE AH	, <u>i</u>
(Typed or Printed Name)	AM 8: 17 OF STATE SEE, FL	₹ ******
ASST. SECRETARY FOR PARACORP INCORPORATED		

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)