

P15 000 50098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

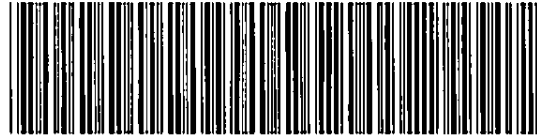
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2023 JUN -7 AM 9:29

NOT RECORDED

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2023 JUN -7 AM 11:17

*[Handwritten signature]*

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 777496 8323810  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$35.00

ORDER DATE : May 30, 2023  
ORDER TIME : 9:36 AM  
ORDER NO. : 777496-005  
CUSTOMER NO: 8323810

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CHANGE OF AGENT

*(Resignation)*

NAME: CANNAVOICES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Unassigned -- EXT#

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Cannavoices, Inc.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P15000050098  
\_\_\_\_\_

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:

RESIGNATION DEPARTMENT  
\_\_\_\_\_  
(Name of Person)

CORPORATION SERVICE COMPANY  
\_\_\_\_\_  
(Name of Firm/Company)

251 LITTLE FALLS DRIVE  
\_\_\_\_\_  
(Address)

WILMINGTON, DE 19808  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

RESIGNATION DEPARTMENT at (800) 927-9801  
\_\_\_\_\_  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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2023 JUN - 7 AM 9:29  
TALLAHASSEE, FL

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, CORPORATION SERVICE COMPANY

(Name of Registered Agent)

hereby resigns as Registered Agent for Cannavoices, Inc.

(Name of Corporation)

P15000050098

(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.

*Alexxis Weiland-Sorenson, ACP*

(Signature of Resigning Agent)

If signing on behalf of an entity:

BY ALEXXIS WEILAND-SORENSEN

(Typed or Printed Name)

ASSISTANT VICE PRESIDENT

(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, FL 32314**

2023 JUN - 7 AM 9:29

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