10/27/22, 4:32 PM

Division of Corporations

Mision of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220003689573)))



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Ta:

Division of Corporations

Fax Number

: (850)617-6380

-From:

Account Name : INCORPORATING SERVICES, LTD.

Account Number : I20050000052

: (850)656-7956

Phone

Fax Number

: (850)656-7953

Enter the email address for this business entity to be used for future __ annual report mailings. Enter only one email address please.

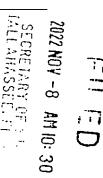
Email Address:

REGISTERED AGENT RESIGNATION REIGN ON ME PRODUCTIONS, INC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$35.00

J. HORNE

NOV - 9 2022



: 3

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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: REIGN ON ME PRODUCTIONS, INC.
	(Name of Corporation)
DOC	JMENT NUMBER: P16000058766
The c r	aclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
We	stley Look
	(Name of Person)
Inc	orporating Services, Ltd.
	(Name of Firm/Company)
350	00 S DuPont Hughway
	(Address)
Do	ver, DE 19901
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
We	(Name of Person) at (302) 531-0703 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

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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, Incorporating Services, Ltd.

(Name of Registered Agent)

REIGN ON ME PRODUCTIONS, INC. 5

(Name of Corporation)

P16000058766

(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.

Omen (Signature of Resigning Agent)

If signing on behalf of an entity:

Amanda Archambault
(Typed or Printed Name)

Assistant Secretary

(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