

P16 000057015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

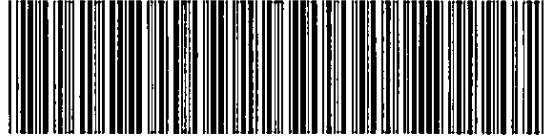
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900352187929

09/25/20--01033--033 **1142.50

2021

11/14/20

J.A. / RES

NOV 05 2020

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: XOXOFAITH, INC.
(Name of Corporation)

DOCUMENT NUMBER: P16000087015

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:

Kristie Tolliver

(Name of Person)

COGENCY GLOBAL INC.

(Name of Firm/Company)

850 New Burton Rd., Suite 201

(Address)

Dover, DE 19904

(City/State and Zip Code)

For further information concerning this matter, please call:

Invoices Team

(Name of Person)

at (866) 621-3524
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, COGENCY GLOBAL, INC.

(Name of Registered Agent)

hereby resigns as Registered Agent for XOXOFAITH, INC.

(Name of Corporation)

P16000087015

(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.

Kristie Tolliver

(Signature of Resigning Agent)

If signing on behalf of an entity:

Kristie Tolliver

(Typed or Printed Name)

Assistant Secretary, COGENCY GLOBAL INC.

(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