P170000 26585

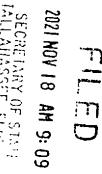
(Requestor's Name)	
(Address)	
(/ ldd1633)	
(Address)	
(City/State/Zip/Phone #)	
(Only-otate/Elph Holle #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Special instructions to Filing Officer.	
J. HORNE DEC - 9 2021	
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations	
Paceline Logistics, Inc. SUBJECT:	
	(Name of Corporation)
DOCUMENT NUMBER: P17000026585	
The enclosed Resignation of Registered Ap	gent for a Corporation and fee are submitted for filing
Please return all correspondence concernir	ng this matter to the following:
Mark Stropkaj	
(Name of Person)	
Hopping Green & Sams	
(Name of Firm/Company))
Post Office Box 6526	
(Address)	
Tallahassee, Florida 32314	
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
Mark Stropkaj	850 222-7500 at ()
(Name of Person)	at () (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

RESIGNATION OF REGISTERED AGENTIZINOV 18 AM 9: 09 FOR A CORPORATION SECRETARY OF STATE

SECRETARY OF STATE FALLAHASSEE, FLUE

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Hopping Green & Sams, Professional Association
(Name of Registered Agent)
hereby resigns as Registered Agent for Paceline Logistics, Inc.
(Name of Corporation)
P17000026585
(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. (Signature of Resigning Agent)
If signing on behalf of an entity:
Jason E. Merritt
(Typed or Printed Name)
Secretary/Treasurer
(Canacity)

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