## P19000062020

(Keqi	uestor's Name)	
(Addi	ess)	
(Addı	ress)	
(City/	State/Zip/Phon	e #)
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PICK-UP	MAIT	MAIL
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-		
(Busi	ness Entity Na	me)
(Doci	ument Number)	)
Certified Copies	Certificate	s of Status
		· <del>-</del>
Special Instructions to Fi	ling Officer:	!

Office Use Only

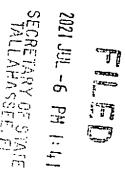


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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: My Majestic Life, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P19000062020
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:
United States Corporation Agents, Inc.  (Name of Person)
Legalzoom.com, Inc.
(Name of Firm/Company)
9900 Spectrum Dr.
(Address)
Austin, TX 78717
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (800 )773-0888 (Area Code & Daytime Telephone Number)
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

	ons 607.0502(2), 617.0502(2), 607.1509, or 61		,	
Florida Statutes, the undersigned. United States Corporation Agents, Inc.				
	(Name of Registered Agent)			-
hereby resigns as Registered Agen	My Majestic Life, Inc.			
	(Name of Corporation)			
P19000062020				
(Document Number, if known)	<del></del>			
A copy of this resignation was ma	iled to the above listed corporation at its last kr	nown ac	ddress	<b>;</b> .
The agency is terminated and the of this statement is filed.	office discontinued on the 31st day after the dat	ie on w	hich	
	all	w	2	
	(Signature of Resigning Agent)	₩.	021	
If signing on behalf of an entity:		RETAR LLAH)	2021 JUL -(	
Cheyenne	Moseley	355 355 355 355 355 355 355 355 355 355	6 PH	
	(Typed or Printed Name)	Trius Trius		
		H 1	<u>+</u>	
Asst. Secretary	for United States Corporation Agents, 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