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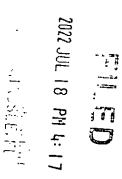
(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

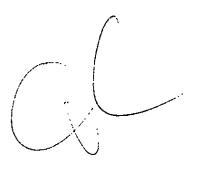
Office Use Only



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COVER LETTER

Division of Corporations		
SUBJECT: SYNKRON BIOSCIENCES CORP- (Name of Corporation)	-	
DOCUMENT NUMBER: P 200000 19250	-	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for	r filing.	
Please return all correspondence concerning this matter to the following:		
(Name of Person)		
(Name of Person)		
(Name of Firm/Company)	202	
1112 MILLPOUD CTI (Address)	2022 JUL 18 PH 4: 17	4
(Address)	- 8	
OSPREY, FL 34229	PH	4
(City/State and Zip Code)	:. :-	
For further information concerning this matter, please call:	17	
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:

TO: Amendment Section

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

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. (Name of Registered Agent)	
hereby resigns as Registered Agent for SYPICTOP BOSCISTOR (Name of Corporation)	S COMP.
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last kno	wn address.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on which
George Lowe	
(Signature of Resigning Agent)	. 2
If signing on behalf of an entity:	1022 JUL 18
(Typed or Printed Name)	2022 JUL 18 PH 4: 17

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

(Capacity)