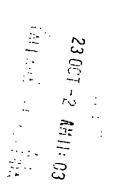
## P20000023544

(Req	questor's Name)	
(Add	lress)	
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(1.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(City	/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bus	iness Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
	J. HORNE	
	OCT 17 2023	

Office Use Only



10/02/23--01047--007 \*\*87.50



## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJ	OLAM ADVISERS INC	
	(Name of Corporat	ion)
DOC	JMENT NUMBER: P20000023544	
The e	iclosed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing.
Please	return all correspondence concerning this matter to t	he following:
Tiffany	Gonzalez	
	(Name of Person)	_
Accour	nting to Scale	
	(Name of Firm/Company)	-
8055 C	oral Way	
	(Address)	_
Miami.	FL 33155	
	(City/State and Zip Code)	-
For fu	rther information concerning this matter, please call:	
Tiffany	Gonzalez 305	503-2814 ) 2 & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

### **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

# 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, Accounting to Seale

(Name of Registered Agent)

hereby resigns as Registered Agent for OLAM ADVISERS INC

(Name of Corporation)

P20000023544

(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:

TIFFALLY GARGE (Typed or Printed Name)

PRESIDENT (Capacity)

\$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

Fee for filing this document: \$87.50 - Active Corporation