P20000073035

(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.





900437462229

10/03/24--01017--027 **85.00



2024 OCT -3 AM IO: 37 SECAL DARY OF STATE TALL ARMSSES EN

COVER LETTER

	(Name of Person) at () (Area Code & Daytime Telephone Number)
Cory H	
For fu	orther information concerning this matter, please call:
	(City/State and Zip Code)
Tallaha	assec, FL 32301
	(Address)
336 E.	College Ave., Suite 301
	(Name of Firm/Company)
ZenBu ———	siness Inc.
	(Name of Person)
Cory F	Betts
Please	e return all correspondence concerning this matter to the following:
The er	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing
DOC	UMENT NUMBER: P20000073035
	(Name of Corporation)
SUBJ	PHCD-Consulting Corp. ECT:
	·
TO:	Amendment Section Division of Corporations

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 & Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of secti	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned.	Registered Agents Inc.
	(Name of Registered Agent)
hereby resigns as Registered Ager	PHCD-Consulting Corp.
neredy resigns as registered reger	(Name of Corporation)
P20000073035	
(Document Number, if known)	
A copy of this resignation was ma	iled to the above listed corporation at its last known address.
The agency is terminated and the othis statement is filed.	office discontinued on the 31st day after the date on which
David S	(Signature of Resigning Agent)
If signing on behalf of an entity:	
Registered Agents I	Inc. by David Roberts
 	(Typed or Printed Name)
Assistant Secretary	
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

024 OCT -3 AMIO: 3: BECK: LAWY OF STAT

2