

P200000090943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

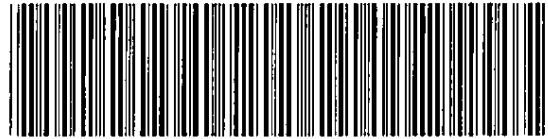
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **JAYA HEALTHY LIFE CORP**

(Name of Corporation)

DOCUMENT NUMBER: **P20000090943**

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:

GIOVANIR SILVA FREIRE

(Name of Person)

(Name of Firm/Company)

1910 Celebration Blvd, suite 202

(Address)

Kissimmee - FL - 34747

(City/State and Zip Code)

For further information concerning this matter, please call:

GIOVANIR SILVA FREIRE

(Name of Person)

at **407 394-0888**

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, GIOVANIR SILVA FREIRE

(Name of Registered Agent)

hereby resigns as Registered Agent for JAYA HEALTHY LIFE CORP

(Name of Corporation)

P20000090943

(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:

(Typed or Printed Name)

(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withdrawn corporation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



TO

BRUNO GUIMARAES (PRESIDENT)

JAYA HEALTHY LIFE CORP

9807 VISTA MAGNOLIA LN, UNIT 115

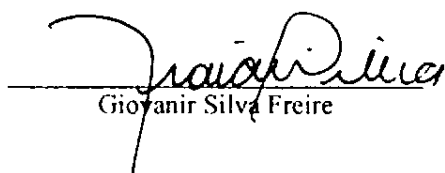
ORLANDO – FL – 32836

SUBJECT – RESIGNATION LETTER

Sir,

A am writing this letter to notify that I am resigning from my position as “registered agent” at **JAYA HEALTHY LIFE CORP**, Document Number: **P20000090943**, address 9807 Vista Magnolia LN, Unit 115, Orlando – FL – 32836. My last day will be **09/21/2023**.

Please, accept my resignation.


Giovanir Silva Freire