# P21000085884

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
P!CK-UP WAIT	MAIL
(Business Entity Name)	
(500,11000 21,117, 112,112,11	
(Document Number)	
Certified Copies Certificates of Status	i
Special Instructions to Filing Officer:	_
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JUL 1 8 2023	

Office Use Only



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SECRETARY OF STATE

### **COVER LETTER**

TO: Amendment Section Division of Corporations		
WIZARDRY INC SUBJECT:		
	(Name of Corpo	ration)
DOCUMENT NUMBER: P21000085884	·· <del>-</del>	
The enclosed Resignation of Registered As	gent for a Corp	oration and fee are submitted for filing.
Please return all correspondence concerning	ng this matter to	the following:
JENNIFER LEE		
(Name of Person)		
SUNDOC FILINGS INCORPORATED		
(Name of Firm/Company)		
7801 FOLSOM BLVD SUITE 202		
(Address)		<del>_</del>
SACRAMENTO, CA. 95826		
(City/State and Zip Code)		<del>_</del>
For further information concerning this ma	itter, please cal	l:
JENNIFER LEE	888 at (	595-2747
(Name of Person)	(Area Co	ode & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

	607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, SUN	NDOC FILINGS INCORPORATED
	(Name of Registered Agent)
hereby resigns as Registered Agent for	WIZARDRY INC
nereby resigns as registered regent for	(Name of Corporation)
P21000085884	
(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 this statement is filed.	e discontinued on the 31st day after the date on which
	La Cha-
(S	Signature of Resigning Agent)
If signing on behalf of an entity:	l
54	enley Heiser 3 . S. (Typed or Printed Name)
	Typed or Printed Name)
<del></del>	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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