Paa000001157

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone #)	
PICK-UP	WAIT [MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of Sta	atus
Special Instructions to	JUL - 9 2024	

Office Use Only

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COVER LETTER

Division of Corporations	
Cluinsive, Inc. SUBJECT:	
(Name of Corpora	tion)
DOCUMENT NUMBER: P22000021157	
The enclosed Resignation of Registered Agent for a Corpor	ration and fee are submitted for filing
Please return all correspondence concerning this matter to	the following:
Sarah Balen	
(Name of Person)	_
MyCompanyWorks, Inc.	
(Name of Firm/Company)	
187 E. Warm Springs Rd., Suite B	
(Address)	_
Las Vegas, NV 89119	
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
Sarah Balen 702	362-2677
(Name of Person) (Area Cod	e & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 secti	ر بر 617.1509, 607.1509, or 617.1509, or 617.1509
Florida Statutes, the undersigned,	Registered Agent Solutions, Inc.
	(Name of Registered Agent)
hereby resigns as Registered Ager	nt for Cluinsive, Inc.
	(Name of Corporation)
P22000021157	
(Document Number, if known)	
A copy of this resignation was ma	ailed to the above listed corporation at its last known address.
The agency is terminated and the this statement is filed.	office discontinued on the 31st day after the date on which
/s/ Jennifer Pe	eters
	(Signature of Resigning Agent)
If signing on behalf of an entity:	
Jennifer Peters	
	(Typed or Printed Name)
Assistant Secretary	of Registered Agent Solutions, Inc.
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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