P2200062332

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
,	,	
(Ci+	y/State/Zip/Phone	<u> </u>
(Cit	y/State/Zip/Pfloffe	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
_		,
(D0	cument Number)	
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COVER LETTER

TO:	Amendment Section Division of Corporations	
	•	
SUBJE	CT: Sandiva Solutions Inc.	
	(Name of Corporat	
DOCU	MENT NUMBER: P22000062332	
The end	closed 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:
MARIA	II ESTERS-RIMMER	
	(Name of Person)	-
LEGAL	CORP SOLUTIONS, LLC	
	(Name of Firm/Company)	-
3 Greens	way Plaza Ste 1320	
 	(Address)	-
Houston	. TX 77046	
	(City/State and Zip Code)	-
For furt	ther information concerning this matter, please call:	
MARIA	H ESTERS-RIMMER 888	534-3018
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

-	of sections 607.0503(2), 617.0502(2), 607.1	509, or 617.1509,
Florida Statutes, the under	rsigned, LEGALCORP SOLUTIONS, LLC	
Trorida Brainces, the anaet	(Name of Registered	Agent)
hereby resigns as Register	sed Agent for Sandiva Solutions Inc.	
nereby resigns as register	(Name of Corporal	tion)
P22000062332		
(Document Number, i	(known)	
A copy of this resignation	was mailed to the above listed corporation at	t its last known address.
The agency is terminated this statement is filed.	and the office discontinued on the 31st day at	fter the date on which
	(Signature of Resigning Agent)	
If signing on behalf of an	entity:	2022 NOV 28 SEURLIALIA
Travis Cr	abtree	V 2
Member	(Typed or Printed Name)	NSSEE.

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)