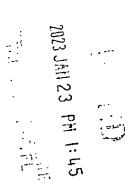
P2200077466

(Requestor's Name)	
(Address)	<u>. </u>
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	

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COVER LETTER

TO:	Amendment Section Division of Corporations
CHRI	TIPS DISTRIBUTION INC ECT:
SODI	(Name of Corporation)
DOC	UMENT NUMBER: P22000077466
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
Marial	n Esters-Rimmer
_	(Name of Person)
Legal(Corp Solutions, LLC
	(Name of Firm/Company)
3Greei	nway Plaza Ste 1320
	(Address)
Housto	on, TX 77046
	(City/State and Zip Code)
For fi	orther information concerning this matter, please call:
Marial	1 Esters- Rimmer 888 534-3018
	(Name of Person) at (888 534-3018 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

2023 JAN 23 PH 1: 45

Pursuant to the prov	isions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509.
•	undersigned, LegalCorp Solutions LLC
Florida Statutes, the	(Name of Registered Agent)
hereby resions as Re	gistered Agent for TIPS DISTRIBUTION INC
nereoy reargina da ree	(Name of Corporation)
P22000077466	
(Document Nur	nber, if known)
A copy of this resign	nation was mailed to the above listed corporation at its last known address.
The agency is terming this statement is file	nated and the office discontinued on the 31st day after the date on which d.
	(Signature of Resigning Agent)
If signing on behalf	of an entity:
Tra	vis Crabtree
	(Typed or Printed Name)
Mc	mber
	(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