Paa000081963

(Requestor's Name)	
(Address)	
	Address)	
(, 100, 0337	
(City/State/Zip/Phone #)	
PICK-UP	TIAW [MAIL MAIL
	Business Entity Name)	
,	business Errity (taine)	
(Document Number)	
Certified Copies	ertified Copies Certificates of Status	
		₁
Special Instructions to F	filing Officer:	

Office Use Only



400416973494

RA

RECEIVED
2023 OCT 13 PM 3: 92
POLISION SEE, FLORIDA

123 OCT 13 AM 8: 20

A. RAMSEY OCT 16 2023

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com

FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 10/13/2023

850-245-6051

PRIORITY Routine

OUR REF # (Order ID#) Westley

ORDER ENTITY
BIODREAM INC

PLEASE PERFORM THE FOLLOWING SERVICES:

BIODREAM INC

Please file the attached resignation.

NOTES:

\$35.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

H23000340560 3

COVER LETTER

то:	Amendment Section Division of Corporations
SUBJ	ECT: BIODREAM INC
0.000	(Name of Corporation)
DOCU	JMENT NUMBER: P22000081963
The er	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please	return all correspondence concerning this matter to the following:
We	stley Look
	(Name of Person)
Inc	orporating Services, Ltd.
	(Name of Firm/Company)
350	00 S DuPont Hughway
	(Address)
Dov	ver, DE 19901
	(City/State and Zip Code)
For fu	ther information concerning this matter, please call:
We	stley Look (Name of Person) at (302) 531-0703 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)

or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

H23000340560 3

FILED

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

2023 OCT 13 AM 8: 28

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Incorporating Services, Ltd.
(Name of Registered Agent)
hereby resigns as Registered Agent for BIODREAM INC
(Name of Corporation)
P22000081963
(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:
Amanda Archambault
(Typed or Printed Name)

Assistant Secretary (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