Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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		To:	Division of Co	•		
CENED CENED	-7 AM 10: 01	·From:	Account Name Account Number Phone Fax Number	: (850)617-6380 : REGISTERED AGENT SOLUTIONS INC : I201000000062 : (888)705-7274 : (888)706-7274	77	
1. d 1. d 1. d 1. d 1. d 1. d 1. d 1. d	2021 MAY	点层 ann		s for this business entity to be used for future ngs. Enter only one email address please. **	-7 PH 4:21	

REGISTERED AGENT RESIGNATION ECLOUD LABS INC

Certificate of Status	0
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Corporate Filing Menu

Help MAY i 2021

COVER LETTER

10:	Amendment Section Division of Corporations
SHRI	ECLOUD LABS INC ECT:
3013	(Name of Corporation)
DOC	UMENT NUMBER: F15000003896
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:
Mary	Castillo
	(Name of Person)
Regist	ered Agent Solutions, Inc.
	(Name of Firm/Company)
1701 [Directors Blvd., Ste 300
	(Address)
Austin	, Texas 78744
	(City/State and Zip Code)
For fi	irther information concerning this matter, please call:
Mary	Castillo 888 705-7274 at ()
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of secti	ions 607.0503(2), 617.0502(2), 607.1509, or 6	17.1509,				
Florida Statutes, the undersigned,	Registered Agent Solutions, Inc.					
Tioned Character, and Empere Spread	(Name of Registered Agent)					
hereby resigns as Registered Agent forECLOUD LABS INC						
nerco y resigns us registered riger						
F15000003896						
(Document Number, if known)	 					
A copy of this resignation was ma	tiled to the above listed corporation at its last k	nown address.				
The agency is terminated and the this statement is filed.	office discontinued on the 31st day after the da	nte on which				
Machenzied	St.					
_	(Signature of Resigning Agent)					
If signing on behalf of an entity:						
Mackenzie Hart		.,				
	(Typed or Printed Name)	- - <u>:</u>				
Assistant Secretary	, Registered Agent Solutions, Inc.					
	(Capacity)	7 PN 4: 21				
		# 2				
Fee for	r filing this document:					

Make checks payable to Florida Department of State and mail to: Division of Corporations

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

\$87.50 - Active Corporation

P.O. Box 6327 Tallahassee, FL 32314