Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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Account Number : I20220000023 Phone : (800)221-2972 : (917)243-5843 Fax Number

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REGISTERED AGENT RESIGNATION FRONTEO USA, INC.

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Help

TO: Amendment Section

COVER LETTER

Division of Corporations	
FRONTEO USA, INC. SUBJECT: (Name of Corporat	
(Name of Corporat	tion)
CMACTER 400 NOTE AND THE ADMINISTRATION OF \$10000004447	
The enclosed Resignation of Registered Agent for a Corpor	ration and fee are submitted for filing
Please return all correspondence concerning this matter to t	he following:
TRACEE COTTON	
(Name of Person)	
BLUMBERGENCELSIOR CORPORATE SERVICES, INC.	
(Name of Firm/Company)	_
100 WALL STREET, SUITE 503	
(Address)	-
NEW YORK, NY 10005	
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
TRACEE COTTON 800 at ((Area Code	221-2972 X1550
(Name of Person) (Area Code	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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:

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	ons 607.0503(2), 617.0502(2), 607.1509, c	or 617.1509,
Florida Statutes, the undersigned,	BLUMBERGEXCELSION CORPORATE SERV	TCES, INC.
The anti-constitution of the constitution of t	(Name of Registered Agent)	
hereby resigns as Registered Agei	FRONTEO USA, INC	
The state of the s	(Name of Corporation)	**************************************
F16900004477		
(Document Number, if known)		
A copy of this resignation was ma	iled to the above listed corporation at its la	si known address.
The agency is terminated and the this statement is filed.	office discontinued on the 31st day after the	e date on which
10°C	Signiture of Resigning Agent)	
If signing on behalf of an entity:		2022 APR - SECNE LAND
MARY BROOKS		
***************************************	(Typed or Printed Name)	- 15. 6
ASSISTANT SECI		SEE, FL
	(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
Tallahussee, FL 32314