## U4898

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## **COVER LETTER**

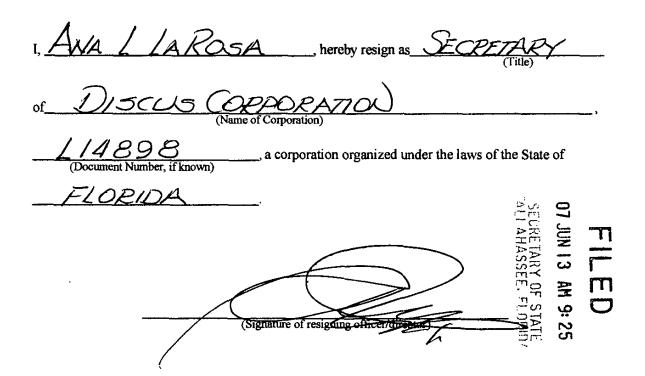
TO: Amendment Section Division of Corporations
SUBJECT: DISCUS CORPORATION (Name of Corporation)
DOCUMENT NUMBER: 2/4898  The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
AWA L. LA ROSA (Name of Contact Person)
DISCUS CORPORATION (Firm/Company)
455 NE 2457. Apr. 3 (Address)
MIAMI FLORIDA 33/37 (City/State and Zip Code)
For further information concerning this matter, please call:
TOSE MORCATE at 305 573-5009 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327

Tailahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



## **FILING FEE IS \$35.00**

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

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314