

P00000018279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

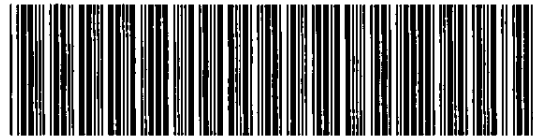
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

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@ 9/18/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Matrix Insurance Group, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P00000018279

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leo Papir
(Name of Person)

Matrix Insurance Group, Inc.
(Name of Firm/Company)

21355 East Dixie Hwy, Suite # 104
(Address)

Aventura, FL 33180
(City/State and Zip Code)

For further information concerning this matter, please call:

Leo Papir at (305) 792-7260
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

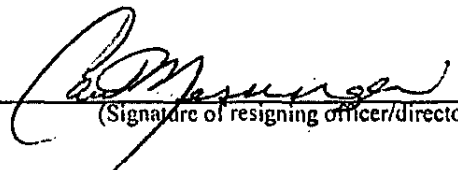
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ^{6.} Carol Messinger, hereby resign as President
(Title)

of Matrix Insurance Group, Inc.
(Name of Corporation)

P00000018279, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

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

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