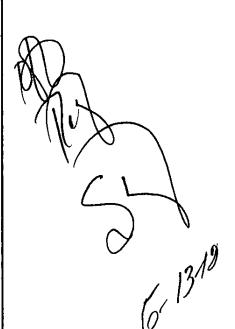


| (Red | questor's Name |) . |
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| (City | //State/Zip/Phor | ne #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | siness Entity Na | me) |
| (Doc | cument Number |) |
| Certified Copies | Certificate | es of Status |
| Special Instructions to F | Filing Officer: | |
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06/11/12--01029--005 **35.00



COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: how Investments Curp. (Name of Corporation) DOCUMENT NUMBER: P02000054438 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| (Name of Person) |
| holio Investments Carp. (Name of Firm/Company) |
| 2500 Pance De lean Blud. |
| (City/State and Zip Code) (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Person) at (305) 798-3002 (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

| í, _ | Martin | Ley | , here | by resign as | <u> </u> | (Title) | | - CO: |
|------|--------|--------------------------|------------------------------------|-------------------------|-------------|-------------|--|-------|
| of_ | hocio | MURST | Ments ne of Corporation) | Corp. | | | A Part of the Part | • |
| | A | SYY 38 per, if known) | a corporation | organized und | er the laws | of the Stat | e of | |
| | | | | | | | | |
| | _ | | Martin Le (Signature of resign) | y ng officer/directo | r) | · | | |

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