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. (Requ	estor's Name)		
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(City/S	State/Zip/Phor	ne #)		
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Black One Reaty Inc. (Name of Corporation)
DOCUMENT NUMBER: <i>PO 30000</i> 73 2 1 2
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)
(Name of Person) Block one Rearty, Inc. (Name of Firm/Company) 13780 Sw 56 ST, Sv: He 226 (Address)
13780 Sw 56 ST Sv: He 226 (Address) (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
Edward Coofe/ at (786) 346-4663 (Name of Person) (Area Code & Daytime Telephone Number)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Akjandro	N'A1ba	, hereby resign as	ecretary (Title)	
of Block one	Leally Inc	ation)		,
<u>P030000</u> 73 Z I (Document Number, if	Z, a corp	oration organized under	the laws of the St	ate of
Florida				
	Angular (Signature of	of resigning officer/director)		PILED PH 2: 55

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