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TO:	Amendment Division of 0	Section Corporations					
SUBJ	ECT:	ACTION I	ABELS				
				(Name of Co	orporation)		
DOC	JMENT NUN	ABER: PO	60001	12868			
The er	closed Office	r/Director Re	signation	for a Corpora	ation and f	ee are subm	itted for filing.
Please	return all cor	respondence o	concernin	g this matter	to the follo	owing:	
	SE M. VAZ	QUEZ					
		(Name of Pe	erson)				
_AC	TION LABE	LS SYSTEM	is, co	RP.			
	(1	Name of Firm/C	Jompany)	l			
1910	WEST 56	TH STREET		4			
		(Address	s)				
HIA	LEAH, FLO	RIDA 3301	. 2				
	(0	City/State and 2	Zip Code)				
For fu	rther informat	ion concernin	g this ma	itter, please c	all:		
J08	SE M. VAZ	QUEZ ne of Person)		at (305) 81	7-3774	
	(Nan	ne of Person)		(Area	Code & Da	ytime Telepl	none Number)
Enclos	sed is a check	for \$35.00 ma	ade payat	ole to the Flor	rida Depart	ment of Sta	te.
Amend Division Cliftor 2661 E	Address: dment Section on of Corporat a Building Executive Cent assee, FL 323	tions ter Circle	Amer Divis Post	ing Address: ndment Section of Corpor Office Box 63 hassee, FL 3	on rations 327 2314		

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, JOSE M. VAZQUEZ	, hereby resign as	DIRECTOR/VICE	PRESIDENT
		(Title)	
of ACTION LABELS SYSTEMS (Name of Control of			,
(Ivanic of Con	· ·		
P06000112868 ,a c	corporation organized ur	nder the laws of the Sta	nte of
FLORIDA			
		د.	
		E C	当三九
	Some Same		N 2
(Signati JOSE M.	ure of resigning officer/directive VAZQUEZ	etor)	SE PI
			15. Vi O
			别节

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