## P19000048979

Office Use Only



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10/30/23--01011--024 ++25.00



## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
Frameworxtl, Inc SUBJECT:	
B. (22222 ) (1)22	(Name of Corporation)
DOCUMENT NUMBER: P19000048979	
The enclosed Officer/Director Resignation	on for a Corporation and fee are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
Cory Sands	
(Name of Person)	
Frameworxfl, Inc	
(Name of Firm/Company	y)
139 S Pebble Beach Blvd Suite 203	
(Address)	
Sun City Center FL 33573	
(City/State and Zip Code	<del>()</del>
For further information concerning this m	natter, please call:
Cory Sands	at (941 779-7903 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made paya	able to the Florida Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Carlos Maldonado I,	Director , hereby resign as
Frameworxtl, Inc	(Title)
of	
(Nai	me of Corporation)
P19000048979 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	
	<del></del> ·
	INTE

## FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

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