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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: 1st Choice Elevat	tor, Inc. (Name of Corporation)
POCKETATE NEW PERSON PO	7000016885
DOCUMENT NUMBER: PU	
The enclosed Officer/Director Res	signation for a Corporation and fee are submitted for filing
Please return all correspondence c	concerning this matter to the following:
Christopher W. Lopez	
(Name of Pe	rson)
1st Choice Elevator, Inc.	·
(Name of Firm/C	Company)
2510 S.W. 66th Avenue	
(Address	
Miramar, FL 33023	
(City/State and 2	Cip Code)
For further information concerning	g this matter, please call:
Christopher Lopez	at (954) 540-5634
(Name of Person)	at (954) 540-5634 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	ide 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, Christopher W. Lopez	hereby resign as	Vice President & Secre	etary
*,		(Title)	
of 1st Choice Elevator, Inc.	e of Corporation)		,
P07000016885 (Document Number, if known)	, a corporation organized un	der the laws of the State of	f
Florida	·		
<u>c'ly</u>	Signature of resigning officer/direct	Rose	
	Signature of respining officer/direct	E, AL	08
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1	FILING FEE IS \$35.00	E, FLOR	M 9: 88
Make checks payable	to Florida Department of So	ORIDA tate and mail to:	08

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