

P110000044407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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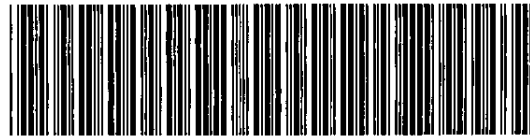
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: CONEZ INC.

(Name of Corporation)

DOCUMENT NUMBER: P11000044407

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MD MAKHLUKUR RAHMAN

(Name of Person)

CONEZ INC.

(Name of Firm/Company)

11924 FOREST HILL BLVD, SUITE 35

(Address)

WELLINGTON FL 33414

(City/State and Zip Code)

For further information concerning this matter, please call:

MD MAKHLUKUR RAHMAN

(Name of Person)

at (561) 577-8727

(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

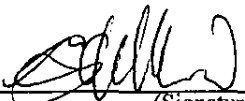
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CHOWDHURY S. ALAMRAIHAN, hereby resign as Secretary
(Title)

of CONEZ INC.
(Name of Corporation)

P11000044407, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

 9/25/12
(Signature of resigning officer/director)

FILING FEE IS \$35.00

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

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