Requester's Name Address City/State/Zip Phone # No Return

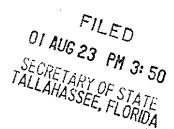
Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

CR2E031(7/97)

1.		
	(Corporation Name)	(Document #)
2.		8000045523083
	(Corporation Name)	(Document #)
3.		
4	(Corporation Name)	(Document #)
4.	(Corporation Name)	(Document #) ASS
	☐ Walk in ☐ Pick up time _	Certified Copy 3
	Mail out Will wait	Photocopy Certificate of Status 5
]	NEW FILINGS	AMENDMENTS
	Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
9	OTHER FILINGS	REGISTRATION/QUALIFICATION
[Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other

Examiner's Initials



OFFICER / DIRECTOR RESIGNATION

I, <u>NICICOLAOS PANTOCAM</u> hereby resign as <u>SECRETAP</u> (Title)		
of		
a corporation organized under the laws of the State of FLORIDA		
and affirm that the corporation has been notified in writing of the resignation.		
With Post Sall (Signature of resigning officer/director)		

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314