

FD9000005114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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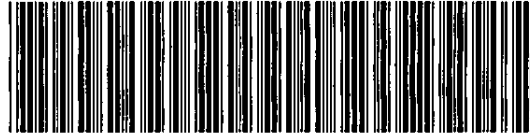
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DIVISION OF REVENUE
STATE OF NEW YORK

JUL 15 2016
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **Infinisource Payroll Inc**

(Name of Corporation)

DOCUMENT NUMBER: **F09000005114**

The enclosed *Resolution of the Board of Directors to Withdraw the Alternate name for use in Florida* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christina Robinson

(Name of Contact Person)

Infinisource Inc

(Firm/Company)

15 E Washington Street

(Address)

Coldwater, MI 49036

(City/State and Zip Code)

For further information concerning this matter, please call:

Christina Robinson

(Name of Contact Person)

at **(517) 386-1353**

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &
Certificate of Status



\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)



\$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 JUL -5 11 9:55

**RESOLUTION OF THE BOARD OF DIRECTORS TO WITHDRAW
THE ALTERNATE NAME FOR USE IN FLORIDA**
(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned Joseph Oliver, do hereby certify
(Name)

that this Resolution of the Board of Directors of Infinisource Inc
(Name of Corporation)

a corporation duly organized and existing under the laws of Michigan
(State or Country)

was adopted on June 28, 2016 withdrawing the alternate

name of Infinisource Payroll Inc
(Current Alternate Name)

in Florida as its real name is available in Florida.

Date: 6/28/2016

[Signature]
Signature of Chairman, Vice Chairman of the Board, a
director or any officer

President
Title of person signing

FILING FEE \$35
Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314