(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	me)
(D	ocument Number))
Certified Copies	Certificate:	s of Status
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TRANSMITTAL LETTER

_	
SUBJECT: Genomege	
	(Name of Corporation)
DOCUMENT NUMBER: F120	00000137
The enclosed Officer/Director Resi	gnation for a Corporation and fee are submitted for filing
Please return all correspondence co	encerning this matter to the following:
Maria A Guardia	
(Name of Per	son)
MaximLife	
(Name of Firm/Co	ompany)
499 NE Spanish Ri	ver Blvd # 5
(Address)	
Boca Raton, FL 33	431
(City/State and Zi	p Code)
For further information concerning	this matter, please call:
Maria A Guardia	at (561)955-0099
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mad	le payable to the Florida Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Amendment Section Division of Corporations

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

լ Luciana Godoi	, hereby resign as Vice President	
	(Title)	
of Genomegen Inc o	lba MaximLife	
(Nan	ne of Corporation)	- '
F1200000137 (Document Number, if known)	, a corporation organized under the laws of the State of	
Nevada		
		2
	Signature of resigning officer/director)	SECRETARY VISION OF C
	>	220

FILING FEE IS \$35.00

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

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