## F14000001984

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		





800269027448



02/05/15--01009--021 \*\*35.00

15 FEB -5 AM 11: 3

SECRETARY OF STATE
TALLAHASSEELFLORIDA

FEB 1 0 2015 T. CARTER

## TRANSMITTAL LETTER

.

**TO:** Amendment Section Division of Corporations

SUBJECT. PARADIGM OIL AND GAS, INC.

(Name of Corporation)

DOCUMENT NUMBER: F14000001984

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

Please return all correspondence concerning this matter to the following:

**INGRID CLAVIJO** 

(Name of Person)

PARADIGM OIL AND GAS, INC.

(Name of Firm/Company)

2701 GULF BLVD.

(Address)

INDIAN ROCKS BEACH, FL 33785

(City/State and Zip Code)

For further information concerning this matter, please call:

VINCE VELLARDITA

.,727 \595-810<sup>,</sup>

(Name of Person)

(Area Code & Daytime Telephone Number

Enclosed is a check for \$35.00 made 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
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

15 FEB -5 AM II: 35

I, INGRID CLAVIJO	, hereby resign as SECRETARY	
	(Title)	
of PARADIGM OIL AND	GAS, INC.	
(Name of Corp.	oration)	
F14000001984 ,a co	rporation organized under the laws of the State of	
(Document Number, if known) NEVADA		
•		

FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

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