(Requestor's Name) (Address)	
(Address)	600338084156 🗸
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
tified Copies Certificates of Status	<u>12 (19, 19- 7) 120-502 (m</u> . 6,02
pecial Instructions to Filing Officer:	S TALLENT JAN 2 3 2020
Office Use Only	A Prise



## TRANSMITTAL LETTER

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**):** Amendment Section Division of Corporations

BJECT: (Name of Corp	oration)
DCUMENT NUMBER: F15000004841	
e enclosed Officer/Director Resignation for a Corporati	on and fee are submitted for filing
ease return all correspondence concerning this matter to	the following:
VETTE DOBSON	
(Name of Person)	_
CFILE.COM LLC	
(Name of Firm/Company)	_
350 STATE HWY 249 STE 220	
(Address)	
DUSTON, TX 77064	
(City/State and Zip Code)	_
r further information concerning this matter, please call	:
VEITE DOBSON 855	829-9090 ) ode & Daytime Telephone Number)
(Name of Person) (Area Co	ode & Daytime Telephone Number)

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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PAOLO ZANOTTI	DIRECTOR, hereby resign as		
l	(Title)		<u> </u>
PEDON NORTH AMERICA. IN	∜C.		
(Nan	ne of Corporation)		`
F15000004841 (Document Number, if known)	, a corporation organized under the laws of the State	e of	
DELAWARE			
	·		
Paelo	Zanotti		
	(Signature of resigning officer/director)		
		$\sim$	
		510	
		2019 DEC	<u>,</u> j
		610	
F	FILING FEE IS \$35.00		
		AM 9:45	 
		9:1	N
Make checks payabl	le to Florida Department of State and mail to the	ហ	
	Amendment Section		
	Division of Corporations		

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