

FILE 00000 2999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone)

☐ PICK-UP

☐ WAIT

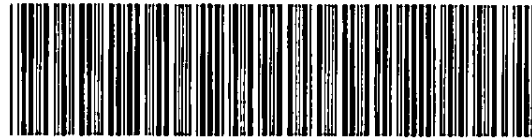
(Business Entity Name)

(Document Number)

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O/D Resign
O/D Change

12/18/19--01029--000 **35.00

2019 DEC 16 PM 12:38

R. WHITE

JAN 16 2020

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RIDE2MD, INC.

(Name of Corporation)

DOCUMENT NUMBER: F16000002999

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

Please return all correspondence concerning this matter to the following:

RENE GONZALEZ

(Name of Person)

RIDE2MD, INC.

(Name of Firm/Company)

2766 NW 62 ST.

(Address)

MIAMI, FL 33147

(City/State and Zip Code)

For further information concerning this matter, please call:

RENE GONZALEZ at (305) 634-9454

(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:

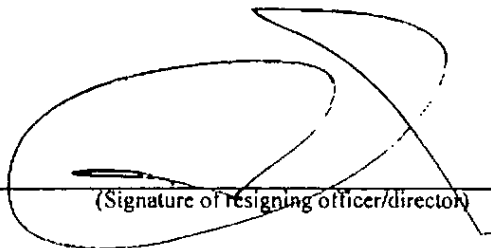
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, GEORGE FERNANDEZ, hereby resign as CPST
(Title)

of RIDE2MD, INC.
(Name of Corporation)

F16000002999, a corporation organized under the laws of the State of
(Document Number, if known)
DELAWARE


(Signature of resigning officer/director)

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

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