F17000002212

(Requestor's Name)
(Address)
(Address)
(Addicas)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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SECRETARY OF STATE

JQ 10/07/20

TRANSMITTAL LETTER .

TO: Amendment Section Division of Corporations		
SUBJECT: The Olive Lab Inc.	(Name of Corporation)	
1:17000002212	(Name of Corporation)	
DOCUMENT NUMBER: F17000002212		
The enclosed Officer/Director Resignation	for a Corporation and fee are submitted for filing.	
Please return all correspondence concerning	ig this matter to the following:	
Christian Haar		
(Name of Person)		
The Olive Lab Inc.		
(Name of Firm/Company))	
1850 Eller Drive, Suite 402		
(Address)		
Fort Lauderdale, FL 33316		
(City/State and Zip Code)		
For further information concerning this ma	atter, please call:	
Valciria Silva	at (954 525-9788 (Area Code & Daytime Telephone Number)	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for \$35.00 made paya	ble to the Florida Department of State.	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations The Centre of Tallahassee	
P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
rananassee, rt. 52514	Tallahassee, FL 32303	

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

VALCIRIA SILVA	L L	Secretary, hereby resign as	
,		(Title)	
THE OLIVE LAB INC.			
	(Name of Corporation)		
F17000002212 (Document Number, if kno	, a corporation organized under town)	he laws of the State of	
Delaware	·		
Le	Din X.lee		
 -	(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 2020 AUG 24 PH 3: 19
SEGRETARY OF STATE
TALL AHASSE