F20000003384

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Durings Fath No. 1)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
<u> </u>				

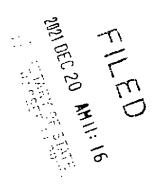




800378308508

12/20/21--01033--021 **35.00

resignation of



A. RAMSEY JAN 2 0 2022

TRANSMITTAL LETTER

то:	O: Amendment Section Division of Corporations				
SUB.	NUGENEREX IMMUNO-ONCOLOGY, INC. (Name of Corporation)				
DOC	UMENT NUMBER: F20000003384				
The e	enclosed Officer/Director Resignation	i for a Corporat	tion and fee are submitted for filing		
Pleas	e return all correspondence concernir	ng this matter to	o the following:		
Mark	Corrao				
	(Name of Person)				
	(Name of Firm/Company)	_		
10102	USA TODAY WAY				
	(Address)				
MIRA	AMAR, FL 33025				
	(City/State and Zip Code))			
For f	urther information concerning this ma	atter, please cal	11:		
Mark	Corrao	718 at (702-5414) Code & Daytime Telephone Number)		
	(Name of Person)	(Агеа С	Code & Daytime Telephone Number)		
Encl	osed is a check for \$35.00 made paya	ble to the Flori	da Department of State.		
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Amo Divi The 2415	t Address: endment Section sion of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810 ahassee, FL 32303		

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I	Treasurer			
	(Title)			
NUGENEREX IMMUNO-ON	NCOLOGY, INC.			
	(Name of Corporation)			
F20000003384 (Document Number, if kn	a corporation organized under the laws of the State of			
Delaware				
	(Signature of resigning officer/director)			
	(Signature of resigning officer/director)			

FILING FEE 1S \$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