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(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	





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SECRETARY OF STATE

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Amendment Section Division of Corporations

TO:

TRANSMITTAL LETTER

UCARI, INC.				
(Name of Corpo	ration)			
DOCUMENT NUMBER: F21000001344	<u> </u>			
The enclosed Officer/Director Resignation for a Corporation	on and fee are submitted for filing.			
Please return all correspondence concerning this matter to t	he following:			
Carlos J. Burruezo, Esq.				
(Name of Person)	-			
UCARI, INC.				
(Name of Firm/Company)	-	(5)	20	
8405 Benjamin Road, Suite J			2021 OC	orija
(Address)	_	25	끜	य 720 ₇ 2
Tampa, Florida 33634		350000		
(City/State and Zip Code)	-	SE .	PH	}
For further information concerning this matter, please call:			01:4 Hd	Car
Carlos J. Burruezo, Esq. 407	754-2904	[T]	0	
(Name of Person) (Area Cod	le & 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

Andrew Sheldon	. CEO	
1,	, hereby resign as(Title)	
UCARI, INC. of(Nan	ne of Corporation)	
F21000001344 (Document Number, if known)	, a corporation organized under the laws of the State of	
Delaware	<u> </u>	
	andy Stuldon	

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