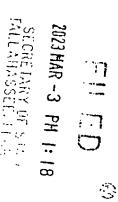
## Faacocoos 4

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Max 1 PORNE		
78.		

Office Use Only



500403673075



## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
Resignation of Officer SUBJECT:	
	(Name of Corporation)
DOCUMENT NUMBER: F22000000814	
The enclosed Officer/Director Resignation	n for a Corporation and fee are submitted for filing
Please return all correspondence concerni	ng this matter to the following:
Augustin Ernest Salazar	
(Name of Person)	<del>v</del>
Tran-Fi Inc.	
(Name of Firm/Company	<del>))</del>
100 S. Ashley Way, Suite 600	
(Address)	
Tampa, FL 33602	
(City/State and Zip Code	<del>()</del>
For further information concerning this m	natter, please call:
Augustin E. Salazar	4043546821
(Name of Person)	at (4043546821) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made paya	able to the Florida Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

Augustin E. Salazar, as of 31 May 2022	Secretary, hereby resign as
	(Title)
Trans-Fi Inc	
(Nam	e of Corporation)
F22000000814	, a corporation organized under the laws of the State of
(Document Number, if known)	<u> </u>
Delaware	
	variar diams

## FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

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