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(Address) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL Polly USA (Business Entity Name)	Thomas P. MACKE (Requestor's Name)
(Address) (Address) (FC 3 2207 (City/State/Zip/Phone #) PICK-UP WAIT MAIL Ps 1/9 Uf A (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Address) FC 3 2 2 0 7 (City/State/Zip/Phone #) PICK-UP WAIT MAIL Policy USA (Business Entity Name) (Document Number) Certified Copies Certificates of Status	1309 CASASINA FOR ESTA
(City/State/Zip/Phone #) PICK-UP WAIT MAIL Policy US A (Business Entity Name) (Document Number) Certified Copies Certificates of Status	((44,055)
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(City/State/Zip/Phone #) Policy Of A (Business Entity Name) (Document Number) Certified Copies Certificates of Status	SAX FC 32207
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Document Number) Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number) Certified Copies Certificates of Status	Polly USA
Certified Copies	(Business Entity Name)
Certified Copies	(Document Number)
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
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01VISION COMPORATIONS

OFFICER / DIRECTOR RESIGNATION
I, Thomas P. MACKE, hereby resign as Precident (Title)
of Polly U.S.A. Ture. (Name of Corporation)
a corporation organized under the laws of the State of De lawre
and affirm that the corporation has been notified in writing of the resignation.
(Signature of resigning officer/director)

FILING FEE IS \$35.00

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

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314