497562

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Na	me)
(Di	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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	Office Use Or	nlv



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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: INNOVET INC. (Name of Corporation)
DOCUMENT NUMBER: H 97562
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
8 LOTT CIELEWICH (Name of Person)
(Name of Person)
INNOVET INC (Name of Firm/Company)
614 OLDE COURSE ROAD (Address)
HERSHEY PA 17033 (City/State and Zip Code)
For further information concerning this matter, please call:
Scott CIELEWICH at (717) 533-3232 (Area Code & 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
Post Office Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Scott CIELEWICH, hereby resign as DIRECTOR &	170 Th
		8
of_	INNOVET, INC. (Name of Corporation)	,
	(Name of Corporation) H97562 (Document Number, if known) , a corporation organized under the laws of the State	of
	FLORIDA	
	Scool Culwich	
	(Signature of resigning officer/director)	_
	LUA.	07
	HAS	E 7
	SRY.C	ILED
	FILING FEE IS \$35.00	ED:

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

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