

L23603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

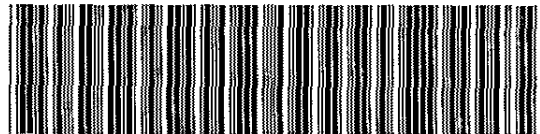
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

OLD Res.

Sf

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COMAZ, INC.
(Name of Corporation)

DOCUMENT NUMBER: L 23603

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HUMBERTO COUCEIRO

(Name of Person)

COMAZ, INC.

(Name of Firm/Company)

7578 N W 70TH ST

(Address)

MIAMI, FL 33166-2816

(City/State and Zip Code)

For further information concerning this matter, please call:

HUMBERTO COUCEIRO

(Name of Person)

at (305) 887-6333

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

CERTIFIED COPY

Street Address:

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

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

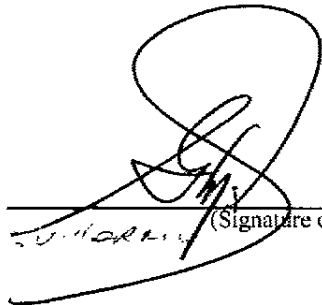
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, GUILLERMO J. MAZON, hereby resign as PRESIDENT
(Title)

of COMAZ, INC.
(Name of Corporation)

L 23603, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILING FEE IS \$35.00

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07 AUG 23 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

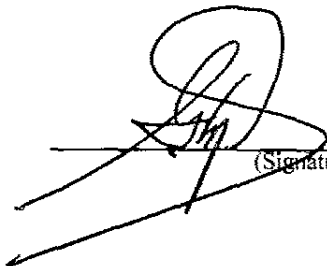
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Tallahassee, Florida 32314