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| (Re | questor's Name) | | | |
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| PICK-UP | WAIT | MAIL | | |
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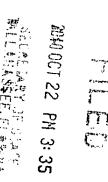
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COVER LETTER

| CAND TO COM REVOND GRAPHICS INC |
|---|
| SUBJECT: BEYOND GRAPHICS, INC. (Name of Corporation) |
| DOCUMENT NUMBER: N0900000718 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following: |
| BENJAMIN J. BROWN (Name of Person) |
| (Name of Firm/Company) |
| 5888 RENAULT DRIVE WEST |
| (Address) |
| JACKSONVILLE, FL 32244 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| BENJAMIN J. BROWN at (904) 419-8689 (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for \$35.00 made payable to the Florida Department of State. |
| 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 |

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, BENJAMIN J. BROWN | , hereby resign as CFO | (Title) |
|---|---|-------------------|
| of_BEYOND GRAPHICS, INC. (Nar | me of Corporation) | , |
| N0900000718 (Document Number, if known) | , a corporation organized under the laws | s of the State of |
| FLORIDA , | ································· | 21100T 22 |
| Benja | (Signature of resigning officer/director) | PM 3: 35 |

FILING FEE IS \$35.00

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

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

| Subscribed, and s | worn before | me, this |
|-------------------|------------------------|-------------------|
| day of october | | _ a Notary Public |
| in and for | Duval | County, |
| State of | florida_ | |
| Harry | Culphy | 1- |
| | (Signatúre) OTARY PUBL | 7 |
| V N | OTARY PUBL | IC /// |
| My Commission | expires / 🖯 | 3 . '9 |

