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(Re	questor's Name)					
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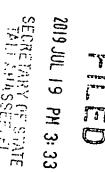
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: 7 TIVE BLESSING (Name of Corporation)
DOCUMENT NUMBER: N 1400000038
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
MRACELLI Brown (Name of Person)
A TIVE BLESSING (Name of Firm/Company)
21275 SWEETWATER LANE
BOCA RATON FL BOULD 33428 (City/State and Zip Code)
For further information concerning this matter, please call:
Aracelli Brown at (561) 756-2219 (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
P.O. Box 6327
Tallahassee, FL 32314

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

. . . .

1, <u>P</u> e	dro Orr	i <u>Z</u>	, hereby resign	n as	Direc	TO (Title)	
of#	4 True	BLC Same of Corpora	SSIN (7	Co	rfora	tion	<u> </u>
N 1400 (Documen	000032 nt Number, if known)	a corp	oration organized	d under	the laws of	the State of	
<u> </u>	TIBA	·					
		Signature o	Ortij	director)		2019 JUL 19 SECRETARY	
						RY OF STATE	

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

FILING FEE IS \$35.00

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