N15000000631

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filling Officer:

Office Use Only



200364260602

04/19/21--01023--010 **35.00

05/25/2021 JH

SECRETARY OF SECOND STATES OF SECOND STATES OF SECOND SECO

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
FOSPE, Inc.	
	(Name of Corporation)
DOCUMENT NUMBER: N15000000631	
The enclosed Officer/Director Resignation	n for a Corporation and fee are submitted for filing
Please return all correspondence concerni	ng this matter to the following:
Matthew Pender	
(Name of Person)	
FOSPE, Inc.	
(Name of Firm/Company)
1050 4th St.	
(Address)	
Miami Beach, FL 33139	
(City/State and Zip Code)
For further information concerning this m	atter, please call:
Matthew Pender	at (617)642-6154 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made paya	ble to the Florida Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Casey Wood I.	President, hereby resign as		
I,	(Title)		
FOSPE, Inc.			
(Nan	ne of Corporation)		
N15000000631	, a corporation organized under the laws of the State of		
(Document Number, if known)			
Florida			
	·		
	E S	2021 APR 19	
	Casey Wood		بحر ٠٠٠
		P ?	***
	(Signature of resigning officer/director)	9	j paraj dendera.
		· 	
	·	(69	
		ධ්	

FILING FEE IS \$35.00

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

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