N2000006467

(Ի	Requestor's Name)		
(A	Address)	-	
,	,		
(A	Address)		
(C	City/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(E	Business Entity Nam	ne)	
(0	Ocument Number)		
Sertified Copies	Certificates	of Status	
Special Instructions to	o Filing Officer:		

Office Use Only



10/12/23--01006--004 **35.00

23 car 12 - 11 to: 148

TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Eagles Volleyball, Inc.	(Name of Corporation)
DOCUMENT NUMBER: N20000006467	(Name of Corporation)
The enclosed Officer/Director Resignation	for a Corporation and fee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Holly Lewis	
(Name of Person)	
Eagles Volleyball, Inc.	
(Name of Firm/Company)	
6699 SW 98 Street (Address)	
Miami, FL 33156 (City/State and Zip Code)	
For further information concerning this mat	tter, please call:
Roberto Leon (Name of Person)	at (305 218-3320 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payab	le 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Roberto Leon	President , hereby resign as	President hereby resign as		
11	, nervoy resign as	(Title)		
Eagles Volleyball, Inc.				
	(Name of Corporation)			
N20000006467	, a corporation organized under the law	s of the State of		
(Document Number, if kn	own)			
Florida				
	0-	. L. J	-	
	17	:0		
_ · ·	(Signature of resigning officer/director)	: :		
			-	

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

Exhibit A