

P00000003862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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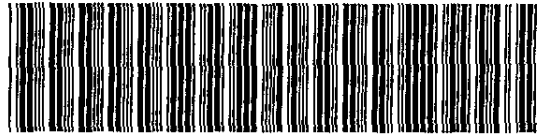
(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AIRRAVACH, INC

(Name of Corporation)

DOCUMENT NUMBER: P000000003862

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NORMAN N CHAVARRIA

(Name of Contact Person)

AIRRAVACH, INC

(Firm/Company)

2827 RIPTON CT

(Address)

ORLANDO FLORIDA, 32835

(City/State and Zip Code)

For further information concerning this matter, please call:

NORMAN N CHAVARRIA

(Name of Contact Person)

at (407) 760-7055

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certified Copy

☐ \$43.75 Filing Fee & Certificate of Status

☒ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

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

Street Address:


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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MIGUEL OVIEDO, hereby resign as SECRETARY
(Title)

of AIRRAVACH, INC
(Name of Corporation)

POOOOOOOO3862, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(Signature of resigning officer/director)

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06 APR 21 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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