P00000011018

(Re	equestor's Name)	
	ldress)	
(Au	uless)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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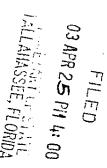
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TRANSMITTAL LETTER

Division of Corporations			
SUBJECT: Vulcangate Corporation (Name of Corporation) DOCUMENT NUMBER: Possoso 11018	_		
DOCUMENT NUMBER: PODODOO 11018			
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for fi	il ing .		
Please return all correspondence concerning this matter to the following:			
(Name of Person) Unicangate Corporation (Name of Firm/Company) Co V. Michael Barreneche, PA PO Pox Inoques Unique of Firm/Company City/State and Zip Code For further information concerning this matter, please call:	TALLAHASSEE, FLORIDA	03 APR 25 PH 4: 00	FILED
(Name of Person) at (305) 386-3579 (Area Code & Daytime Telephone Numb	er)		

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

TO: Amendment Section

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

i, J. Michael Barrene	che , hereby resign as Tve.	Amurer/Director
of Valcangate	Corporation	, , ,
Pooloo 11018 (Document Number, if known)	, a corporation organized under the l	aws of the State of
		
	(Signature of resigning officer/director)	
	FILING FEE IS \$35.00	FILEI 03 APR 24 P

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

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