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Requester's Name		
Address Fix YOP	Phone 954 987-7600	Service Par Service
OMPANY COVE & ASSOCIATES PA	TE 160	23
HOLLYWOOD State	FL ZIP 33021 Ome	ce Use Only
CORPORATION NAME(S) & DOCU	JMENT NUMBER(S), (if kno	wn): 9000033166696 -07/07/0001084004 -*****25-00 ******35.00
1(Corporation Name)	(Document #)	
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4(Corporation Name)	(Document #)	and the second s
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Photocopy [Certified Copy Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A. Change of Registere Dissolution/Withdra Merger	ed Agent
OTHER FILINGS	REGISTRATION/QU.	<u>ALIFICATION</u>
☐ Annual Report ☐ Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other	p
		Examiner's Initials



FILED 00 JUL - 7 PM 4:23

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

IALLAHASSEE FLORIDA

OFFICER / DIRECTOR RESIGNATION

Ι,_	Aldo Disorbo	, hereby resign as Director, President,				
		Vice-President,	Secretary,	Treasurer		
of	Nationwide Relocation Services	Inc.				
	(Name of Corpo	oration)				
a cor	poration organized under the laws of the State of	Florida	· · · · · · · · · · · · · · · · · · ·			
and a	affirm that the corporation has been notified in wr	iting of the resignation.				

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314