P00000029681

FROM: RAMONA ECHEVERRI 6255 SW 128 COURT MIAMI, FL. 33183	
City/State/Zip Phone #	-05/13/0201069007 *****35.00 *****35.00
	Office Use Only
CORPORATION NAME(S) & DOCUMENT N	UMBER(S), (if known):
(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time	Certified Copy
Mail out Will wait Ph	otocopy
Profit Not for Profit Limited Liability Domestication A A A A A B C C C C C C C C C C C C C	mendment esignation of R.A., Officer/Directory hange of Registered Agent issolution/Withdrawal lerger NDMENTS ALCRE 1AS FILE FILE D HANGE 1AS FILE LE LE LE LE LE LE LE LE LE
OTHER FILINGS REGI	STRATION/QUALIFICATION CONTROL
Fictitious Name R T	oreign imited Partnership einstatement rademark ther

CR2E031(7/97)

OFFICER / DIRECTOR RESIGNATION

I, RAMONA ECHEVERRI,	hereby resign as VICE (Titl	PRESIDENT/TREAS	URE/DIRECTOR
of A-ONE DISCOUNT INSURANCE, INC. (Name of Corporation	,	<u> </u>	,
a corporation organized under the laws of the State	ofFLORIDA		
and affirm that the corporation has been notified in	writing of the resignatio	on.	
Jacussa 6 (Signature of res	chulent gning officer/director)		Mark of Net o
		SECRE TALLA	- - - - -

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

CR2E044(9/98)