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## **COVER LETTER**

Division of Corporations
SUBJECT: Slwlry Artisans of Orlando, Inc. (Name of Corporation)  DOCUMENT NUMBER: POPOD 48424
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
OIRIOS LODEZ (Name of Person)
(Name of Firm/Company)
100 Broadway Suite A. (Address)
Kissimmu, FL 34741. (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (407) 920-6 0 .  (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

**Amendment Section** 

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

i, Carlos Le	722 , hereby resign as Sec	Γitle)
of Jewelay	Artsans of Orlando, Inc. (Name of Corporation)	·
Document Number, i	f known), a corporation organized under the laws of the	e State of
Florida.	·	MAY IL
		TH AMID: 49
	(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