# Population of the population o

City/State/Zip

Phone #

Office Use Only

Examiner's Initials

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

(Corporation Name) (Document #)  2.	1.			
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Corporation Name   Certified Copy   Certificate of Status   New Filings   Amendment   Change of Registered Agent   Dissolution/Withdrawal   Dissolution/Withdrawal   Merger   Fictitious Name   Certificate of Status   Cert	(Corporation Name)		(Document #)	*****70.00 ******35.00
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Walk in Pick up time Certified Copy No. Mail out Will wait Photocopy Certificate of Status No. NEW FILINGS  Profit Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger  OTHER FILINGS  Annual Report Fictitious Name  Certified Copy No. No. Certificate of Status No. New Filing No. New F	(Corporation Name)		(Document #)	
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Not for Profit Limited Liability Domestication Other  Change of Registered Agent Dissolution/Withdrawal Merger  CHANGE REGISTRATION/QUALIFICATION  Annual Report Fictitious Name  Annual Report Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger  Foreign Limited Partnership Reinstatement Trademark	☐ Mail out	☐ Will wait	Photocopy	Certificate of Status
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	☐ Fictitious Name		Limited Partnershi Reinstatement Trademark	6000000 CM



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

### OFFICER / DIRECTOR RESIGNATION

I, Marcos Medina, hereby resign as President Dwner
of Southern Biometric, Inc. (Name of Corporation)
a corporation organized under the laws of the State of Florida
and affirm that the corporation has been notified in writing 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