Phone # Pho

Office Use Only

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

| 1 | | | | | |
|---|--------------------|---|--|-------------------------------------|----------|
| 2 | (Corporation Name) | | (Document #) | 02 FEB | |
| 2 3. | (Corporation Name) | | (Document #) | SSEE, FLO | 3 2 3 |
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| | Walk in Mail out | ☐ Pick up time _ | Photocopy | Certified Copy Certificate of Statu | IS |
| <u>NE</u> | W FILINGS | | <u>AMENDMENTS</u> | | |
| Profit Not for Profit Limited Liability Domestication Other | | bility | ☐ Amendment ☐ Resignation of R.A., ☐ Change of Registered ☐ Dissolution/Withdra ☐ Merger | d Agent | <u>-</u> |
| <u>OT</u> | HER FILIN | <u>GS</u> | REGISTRATION/QUA | LIFICATION | /see |
| Annual Report Fictitious Name | | ☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other | | | |
| | | | | | |

CR2E031(7/97)

Examiner's Initials PS

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02 FEB 18 PM 3: 33

TALLAHASSEE. FLORIDA

OFFICER / DIRECTOR RESIGNATION

| Ι,_ | Luis E. Quijano, herel | oy resign as PRESIDENT (Title) | <u></u> | ساد ماد |
|-------|--|--------------------------------|----------|------------|
| of | SOLARIS CORPORATION (Name of Corporation) | s south | <u> </u> | 뚫돌? |
| a cor | orporation organized under the laws of the State of _ | FLORIDA | <u>.</u> | . * *. |
| and a | l affirm that the corporation has been notified in writing | ng of the resignation. | | |
| | (Signaturé of esigning | 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