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## **COVER LETTER**

Amendment Section

TO:

Division of Corporations					
SUBJECT: PROFESSI	INAL /	UVEStm. ne of Corporati	ent on)	INC.	
DOCUMENT NUMBER:	. — <u> </u>	<del></del>	<del></del> _		
The enclosed Officer/Director Re	signation for a	Corporation a	nd fee are s	ubmitted for	filing.
Please return all correspondence	concerning this	matter to the	following:		
ABEL RODRIGUE (Name of P	erson)		<b>a</b> ir	73 W	× ,
PROFESSIONAL (Name of Firm)	/NUESTM.	ent		aa e , gaaa	A Spr
8117 NW 33 S (Addres	+			, .	
Miami, fl 33 (City/State and	(2 Z Zip Code)	<del></del>	. cox ·	je vene	ji v
For further information concernit	ng this matter, p	olease call:			
ABEL RODRIGHEZ (Name of Person)	at (	(305 (Area Code &	406 - 2 Daytime To	/6 // elephone Nun	nber)
Enclosed is a check for \$35.00 m	ade payable to	the Florida De	partment of	State.	

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

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, MARTLA Aristiza	bal	_, hereby resign a	s Vice	PRESIDENT
•				(Title)
of Profession	ame of Corporati	Starnt on)	(NC.	?
(Document Number, if known)	, a corpo	ration organized	under the law	s of the State of
FLORIDA	·			- 74 9
				AUG 20
_				SEE. F
Maithe	(Signature of	that f	ector)	9: 16 STATE

## 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