## P02000034579

| (Red                      | questor's Name)   |             |  |  |  |
|---------------------------|-------------------|-------------|--|--|--|
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| (Add                      | dress)            |             |  |  |  |
|                           |                   |             |  |  |  |
| (Address)                 |                   |             |  |  |  |
|                           |                   |             |  |  |  |
| (City/State/Zip/Phone #)  |                   |             |  |  |  |
| PIÇK-UP                   | ☐ WAIT            | MAIL        |  |  |  |
|                           |                   |             |  |  |  |
| . (Bus                    | siness Entity Nar | ne)         |  |  |  |
|                           |                   |             |  |  |  |
| (Doc                      | cument Number)    |             |  |  |  |
|                           |                   |             |  |  |  |
| Certified Copies          | Certificates      | s of Status |  |  |  |
|                           |                   |             |  |  |  |
| Special Instructions to F | Filing Officer:   |             |  |  |  |
|                           |                   |             |  |  |  |
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DECRETARY OF STATE
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## **COVER LETTER**

| то:                                   | Amendment Section Division of Corporations   |
|---------------------------------------|--|
| SUBJ                                  | ECT: Integrated Property Services, INC   |
|                                       | (Name of Corporation)  |
| DOC                                   | UMENT NUMBER: P0200034579  |
| The er                                | nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing  |
| Please                                | return all correspondence concerning this matter to the following:   |
|                                       |  |
|                                       | Allison M. Stattner (Name of Person)   |
|                                       | Integrated Property Services (Name of Firm/Company)  |
|                                       | 1500 San Remo Ave, Suite 300<br>(Address)  |
|                                       | Coral Gables, FL 33146 (City/State and Zip Code)   |
| For fur                               | rther information concerning this matter, please call:   |
| A11                                   | ison Stattner at ( 305 ) 666-5905 x 203 (Area Code & Daytime Telephone Number)   |
| Enclos                                | ed is a check for \$35.00 made payable to the Florida Department of State.   |
| Amend<br>Divisio<br>Clifton<br>2661 E | Address: Iment Section In of Corporations Building Executive Center Circle Insee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 |

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, _ | David Wolfberg                             | , hereby resign as                       | officer            |                  |          |            |
|------|--|--|--------------------|------------------|----------|------------|
| -    |  | , , <u> </u>                             |                    | (Title)          |          |            |
| of_  | Integrated Proper                          | ty Services, INC                         |                    |                  |          |            |
| _    | (Nar                                       | ne of Corporation)                       |                    |                  |          | <b>-</b> ' |
| P    | 02000 34579<br>(Document Number, if known) | 1, a corporation organized unde          | er the laws of the | he State o       | of       |            |
|      | Florida, USA                               |  |                    |                  |          |            |
|      |  |  |                    | 至高               | 9        |            |
|      |  |  |                    | CRE              | O7 MAY   | Π          |
|      |  |  |                    | TAR'<br>ASS      | <u>.</u> |            |
|      |  | Marolly                                  |                    | Y OF S<br>EE. FL | AM 10    |            |
|      |  | (Signature of resigning officer/director | r)                 | TATE<br>ORUE     | 10: 54   |            |

## 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