Po200054800

(Re	questor's Name)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	we-v	
	Office Use Onl	v



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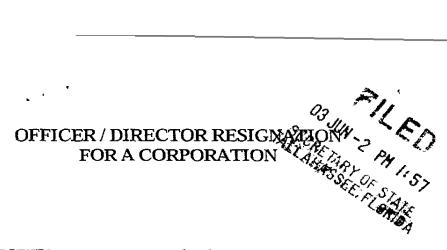


TRANSMITTAL LETTER

SUBJECT: THE MAIL SAFE, INC. (Name of Corporation)		
DOCUMENT NUMBER: P02000054800		
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
JEFFREY M. WATERS (Name of Person)		
THE MAIL SAFE, INC.		
(Name of Firm/Company)		
3118 DAVILANE STREET		
(Address)		
HAINES CITY, FLORIDA 33844		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
JEFFREY M. WATERS at (863) 293-1469 (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for \$35.00 made payable to the Florida Department of State.		
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399		

Amendment Section Division of Corporations

TO:



I, ALAN L. GERSTNER	, hereby resign as OFFICER AND DIRECTOR
	(Title)
of THE MAIL SAFE, INC.	
	ne of Corporation)
P02000054800 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	
•	
_	
	(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