## P0200065941

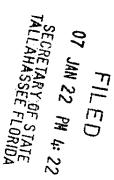
(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: CONOLIN K INT L INC  (Name of Corporation)  DOCUMENT NUMBER: POZO 000 6 59 4 1
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Firm/Company)
210 Sw 107 HE (Address)
(Address)
M, My PL 33,174 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (bys) 2VV - 2V89 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, MARIA L. MERNAZ, hereby resign as Vict MES. LEDT	<b></b>
of CORPOLINK INTERNATIONAL INC. (Name of Corporation)	_,
Cocument Number, if known)  Cocument Number, if known)  Cocument Number, if known)	
SECRE SECRE	

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