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TO:	Amendment Section Division of Corporations
SUBJ	TECT: Indigon Title, Inc.
	(Name of Corporation)
DOC	UMENT NUMBER: P02000069956
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
Ada	m Mishcon
	(Name of Person)
Indi	gon Title, Inc.
	(Name of Firm/Company)
401	0 Kumquat Ave
	(Address)
Coc	onut Grove, FL 33133
	(City/State and Zip Code)
For fi	arther information concerning this matter, please call:
Adar	n Mishcon at (305) 903-9200
	n Mishcon at (305) 903-9200 (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amen Divisi Clifto 2661	Address: Idment Section On of Corporations On Building Executive Center Circle Division of Corporations Post Office Box 6327 Tallahassee, F 3 314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Adam Mishcon	, here⊡resign as President		
*,	, nero	[Title□	
of Indigon Title, Inc.	le of Cor⊏oration□		
*# !	e of Cortoration()		
P02000069956 Toculent Quiller, if Tho In C	, a cor oration organized under the la s o	f the □tate of	
Florida			
	/ ignature of resigning officer/director□	OG FEB 23 AM 10: 12 SECRE FARY OF STATE TALLAH ASSEE, FLORIDATE	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

□□end□ent □ection
□ivision of Cor□brations
PID□Box 6327
Tallahassee, Florida 32314