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(((H06000271344 3)))



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To:

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From:

Account Name : SUSAN M. BUDOWSKI -

Account Number : 120020000082

Phone

Fax Number

: (407)540-9696

# COR AMND/RESTATE/CORRECT OR O/D RESIGN

ONTARIO MANAGEMENT ENTERPRISES, INC.

| Certificate of Status | 0       |
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| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$35,00 |

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Corporate Filing Menu

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### **COVER LETTER**

| TO:                              | Amendment Section Division of Corporations   |
|----------------------------------|--|
| SUBJ                             | Ontario Management Enterprises, Inc.   |
|                                  | (Name of Corporation)  |
| DOC                              | UMENT NUMBER: PO3000002723   |
| 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:   |
|                                  | Susan M. Budowski, Esq.  |
|                                  | (Name of Person)   |
| •                                | THE LAW OFFICES OF SUSAN M. BUDOWSKI, LLC  |
|                                  | (Name of Firm/Company)   |
|                                  | 8815 Conroy Windermere Road Suite 205  |
| A                                | (Address)  |
|                                  | Orlando, Florida 32835   |
|                                  | (City/State and Zip Code)  |
| For ft                           | urther information concerning this matter, please call:  |
|                                  | Susan M. Budowski, Esq. 888 265-7900   |
|                                  | (Name of Person) (Area Code & Daytime Telephone Number)  |
| Enclo                            | sed is a check for \$35.00 made payable to the Florida Department of State.  |
| Amen<br>Divisi<br>Clifto<br>2661 | Mailing Address:  Idment Section  Ion of Corporations In Building  Executive Center Circle  In Building Address:  Amendment Section  Division of Corporations  Post Office Box 6327  Tallahassee, FL 32314 |

### H06000271344 3

#### OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| Mark Galass       | · .                       | , hereby resign as           | Director    | and the same    |  |
|-------------------|---------------------------|------------------------------|-------------|-----------------|--|
| •.                |                           |                              | •           | (Title)         | •                                      |
| Ontario Mana      | agement Enterprises, Inc. |                              | ,           |                 |  |
|                   | (Name of Corpora          | tion)                        |             |                 | ······                                 |
| PO3000002723      | ,                         |                              |             | •               |  |
| (Document Number, | if known) a corpo         | oration organized unde       | er the laws | of the State of |  |
| Florida           |                           | ,                            |             |                 |  |
|                   | , 15                      | ·                            | •           |                 |  |
|                   | a car                     |                              |             |                 | 94.0                                   |
|                   | abut                      | Zacon                        |             |                 | 30000000000000000000000000000000000000 |
|                   | (Signature of             | f resigning officer/director | ·)          | <del></del>     | 200                                    |
|                   |                           | •                            |             |                 | 玉                                      |
|                   |                           | •                            |             |                 | ، بې                                   |

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