## P0300000 7719

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Sity/Clatc/Elp/1 Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





600372934576

2021 SEP -7 AM 11: 29

## TRANSMITTAL LETTER

SUBJECT: TECHNOMAGE INTERNATION	JAI INC
	(Name of Corporation)
DOCUMENT NUMBER: P03000007719	
The enclosed Officer/Director Resignatio	n for a Corporation and fee are submitted for filing
Please return all correspondence concerni	ing this matter to the following:
ENNIO BUSTOS (Name of Person)	<del></del>
TECHNOMAGE INTERNATIONAL, INC. (Name of Firm/Company)	)
15970 W SR 84, No 332 (Address)	
Weston, FL 33326 (City/State and Zip Code)	
For further information concerning this ma	atter, please call:
Ennio Bustos (Name of Person)	at (786 ) 2348379 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payab	ole to the Florida Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Boy 6327	Street Address: Amendment Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E044 (05/13)

P.O. Box 6327

Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, LEON MORAN hereby resign as DIRECTOR	
indicoy resign as <u>DIRECTOR</u>	(Title)
of TECHNOMAGE INTERNATIONAL, INC. (Name of Corporation)	
P03000007719 a corporation organized under the laws	of the State of
FLORIDA	
(Signature of realgring officer/director)	2021 SEP SECRET
FILING FEE IS \$35.00	P-7 MII: 29 RETARY OF STAIL

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

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314