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(Re	equestor's Name)	
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(Cî	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
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(BL	usiness Entity Nam	e;
(Do	ocument Number)	
Certified Copies	Certificates	of Status
		
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/5/03 01D Res. 5p

TRANSMITTAL LETTER

то:	Amend Divisio	ment Section n of Corpora	tions	·			·
SUBJ	JECT:	DIGIT	ALMIND	Solu T (Name of Co	TONS proporation)	INC.	
DOC	UMENT	NUMBER:	P03000	008692	<u>.</u>		
The e	nclosed C	Officer/Direct	or Resignation	ı for a Corpora	ition and fee	are submitt	ed for filing
Pleas	e return al	ll correspond	ence concernii	ng this matter t	to the follow	ving:	
L	ON 1	MANLEY (Nam	e of Person)				
<u>Rı</u>	05 SC	n 104021 (Name of	MANU Firm/Company	EY, PA	 .		
342	LI W	. Cyprs	SS SF ddress)				
TH	MPA.	F (City/State	33607 e and Zip Code)	<u>M</u>		
For fu	ırther info	ormation con	cerning this ma	atter, please ca	11:		
<u>Jo</u>	HN R	Name of Per	son)	at (<u>813</u> (Area (<u>) 879</u> Code & Dayti	-/040 ime Telephor	ne Number)
Enclo	sed is a c	heck for \$35.	00 made paya	ble to the Flori	.da Departm	ent of State.	
Amer Divisi P.O. I Talla	AFT ORP()	ess: ection porations . 32314	Divis 409 1	et Address: ndment Section sion of Corpora E. Gaines Stree hassee, FL 32	ations et		

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, DARREN PEREZ hereby resign as	OIR ECTOR (Title)	
of DIGITALMIND SOLUTIONS INC. (Name of Corporation)		,
P 030000 8 6920 , a corporation organized under the la (Document Number, if known)	ws of the State of	
FLORIDA.		
(Signature of resigning officer/director)	SECRETARY OF STATE	FILED 03 DEC -4 PM 2: 30

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