P0300087/32

| (Re | equestor's Name) | • |
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| (Ac | ddress) | |
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| (Ac | ddress) | |
| (0) | the ACA to ACA | , |
| (CI | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bu | usiness Entity Nar | ne) |
| | | |
| (Do | ocumenț Number) | |
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| Certified Copies | _ Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

officer Resignation

Office Use Only

TB 10/21

COVER LETTER

| SUBJECT: Dynamic Public Adjusters Group, Inc. |
|---|
| (Name of Corporation) |
| DOCUMENT NUMBER: P03000087132 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following: |
| Maria Belen Valladares |
| (Name of Person) |
| Dynamic Public Adjusters Group, Inc. |
| (Name of Firm/Company) |
| 9745 Sunset Drive # 215 |
| (Address) |
| Miami, FL 33173 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Maria Belen Valladares at (305) 606-5963 |
| Maria Belen Valladares at (305) 606-5963 (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for \$35.00 made payable to the Florida Department of State. |
| · : |
| Street Address: Mailing Address: Amendment Section Amendment Section |
| Division of Corporations Clifton Building Post Office Box 6327 Tallahassee, FL 32314 |
| 2661 Executive Center Circle Tallahassee, FL 32314 Fallahassee, FL 32301 |

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED
2007 JUN 19 AM 9: 29
TALLAHASSEE. FLORIDA

| _T Maria L. Ortega | , hereby resign as_ | Vice President (30%) | |
|------------------------------|------------------------------|--|--|
| ** | , 10100 / 10515 40_ | (Title) | |
| of Dynamic Public Adjust | ers Group, Inc. | | |
| | (Name of Corporation) | ······································ | |
| P03000087132 | , a corporation organized un | , a corporation organized under the laws of the State of | |
| (Document Number, if know | vn) | | |
| Florida | | | |
| | | | |

(Signature of resigning officer/director)

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

asitness