

P03000114801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

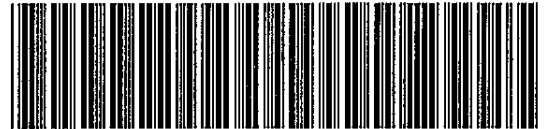
(Business Entity Name)

(Document Number)

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157/30/01

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GIOVANNI IRURETA INC.

DOCUMENT NUMBER: PD 3000114801

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GIOVANNI IRURETA
(Name of Contact Person)

(Firm/ Company)

2215E 23 RD PL. CAPE CORAL.
(Address)

FLORIDA 33990
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

GIOVANNI IRURETA at (239) 839 8137
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

X **Mailing Address**
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

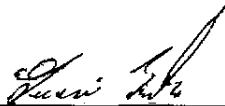
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, VIRGINIA LOPEZ, hereby resign as DIRECTOR.
(Title)

of GIOVANNI IRORETA,
(Name of Corporation)

PO 3000114801, a corporation organized under the laws of the State of
(Document Number, if known)

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

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TALLAHASSEE, FLORIDA