

PD3000146047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

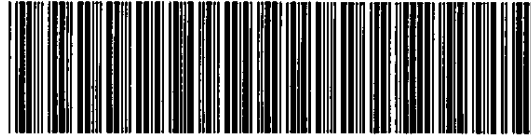
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

THA
OFFERSON

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TO: Amendment Section
Division of Corporations

SUBJECT: ODIFA, INC.
(Name of Corporation)

DOCUMENT NUMBER: P03000146067

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BOB PETER HALSEMA, PRESIDENT
(Name of Person)

ODIFA, INC
(Name of Firm/Company)

4550 E. WINOMILL DRIVE APT. 107
(Address)

INVERNESS, FLORIDA 34453
(City/State and Zip Code)

For further information concerning this matter, please call:

BRIAN CALLAHAN at (352) 622-4220
(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:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

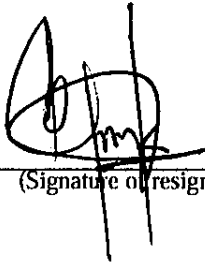
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Petrus J. Groenewyk, hereby resign as Secretary
(Title)

of ODIFA Inc.
(Name of Corporation)

P03000146067, 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