PO 3600 157302

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	: #)
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: (Name of Corporation)	
DOCUMENT NUMBER: P03000157302	
The enclosed Officer/Director Resignation for a Corporation and fee are subm	nitted for filing.
Please return all correspondence concerning this matter to the following:	
LAWRENCE JAY DAVIS	
(Name of Person)	
LAWRENCE JAY DAVIS, P.A.	,
(Name of Pirm/Company)	
1601 NORTH FLAMINGO ROAD, SUITE ONE	
(Address)	, ~
PEMBROKE PINES, FLORIDA 33028	
(City/State and Zip Code)	٠.
For further information concerning this matter, please call:	
LAWRENCE JAY DAVIS (Name of Person) at (954 437-3444 (Area Code & Daytime Telephone)	
(Name of Person) (Area Code & Daytime Teleph	hone Number)

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

KERRY ANN CONNOR	VICE PRESIDENT, hereby resign as		
¹ 1	(Fitle)		
SAFE MANAGEMENT SYSTEMS, IN		,	
(Nan	ne of Corporation)		
P03000157302	, a corporation organized under the laws of the State of		
(Document Number, if known)		,	
FLORIDA	2024 JUL		
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f		9:23	
	A Signature of resigning officer/director)	ω	

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 Tallahassec, Florida 32314

SAFE MANAGEMENT SYSTEMS, INC.

OFFICER RESIGNATION

I, Kerry Ann Connor, hereby resign as Secretary of Safe Management Systems, Inc. a corporation organized under the laws of the State of Florida and affirm that the corporation has been notified in writing of the resignation.

Effective as of the 31st day of December, 2023.

Kerry Ann Connor

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