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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:]			
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Office Use Only



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COVER LETTER

SUBJECT: Diazeo Confort Solvitions Inc. (Name of Corporation)
DOCUMENT NUMBER: +04000051132
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
Oraz co Comfort Solutions Inc. (Name of Firm/Company)
3869 Sierra Dr (Address)
Lake Worth FL 33461 (City/State and Zip Code)
For further information concerning this matter, please call:
561-432-4013 at (561) 856-91 79 (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

Amendment Section Division of Corporations

TO:

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Martha	12.7	, here	by resign as Vic	e presid	dent tie)
of 013200 C	omfort Sol	U+VONS Corporation)	Inc.		,
P040000 5113.	Z, er, if known)	a corporation (organized under	the laws of the	State of
Florida					
		Cptlo			09 JUN 15 SECRETARY TALLAHASSES
_	(Sign	ature of resignir	ng officer/director)		OF STAIL

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