(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
		<u></u>
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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officer Resigna

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TRANSMITTAL LETTER

	endment Section ision of Corporat	ions				
SUBJECT	: CNET	PROFITS	DBA: (Name of Cor	SOFTSTART poration)	COMPUTER	SERVICES
DOCUME	NT NUMBER:_	G04155	900102	<u> </u>	•	
The enclose	ed Officer/Directo	or Resignation f	or a Corpora	tion and fee are sub	mitted for filing	•
Please retui	n all corresponde	ence concerning	this matter t	o the following:		
John	WOLFHA(Name	of Person)	<u></u>	<u></u>		
N/A	(Name of	Firm/Company)		<u></u> . *		
229	o roth A	Rd. S. Lul. ddress)	#201			
vero	SEACH F (City/State	and Zip Code)	3296	2		
For further	information conc	erning this matt	ter, please ca	11:		
_RÎCHA	(Name of Per	f, s	_at (_ 772 (Area (9/3-10 Code & Daytime Tele	phone Number)	
Enclosed is	a check for \$35.	00 made payabl	e to the Flori	da Department of S	itate.	

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

05 MAR 25 PM 3: 00

OF MAR 25 PM 3: 00

OF STATE
FLORIDA

SI DENT
(Title)

I, John L. WOLFHAGEN	harahy rasian as	PRESIDENT	TOMIDA
s, <u> </u>	, nelecty lesign as	(Title)	
of CNET PROFITS INC. (Name of Co	orporation)	=	- <u>***</u> •
70400053036 , a (Document Number, if known)	corporation organized unde	er the laws of the State o	of
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