

PD4 0000060589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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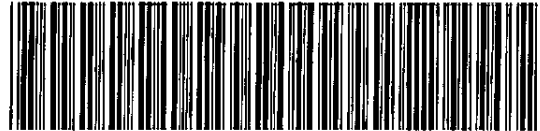
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JD/Res  
10.15.25.05

### COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CIOZ-IT, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** PO4000060589

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

Please return all correspondence concerning this matter to the following:

Anish Dave  
(Name of Person)

CIOZ-IT, Inc.  
(Name of Firm/Company)

5810 Biscayne Blvd.  
(Address)

Miami, FL 33137.  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jenny Garcia at (305) 462-6303  
(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

FILED  
05 OCT 20 PM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Anish Dave, hereby resign as Vice-President  
(Title)

of CIOZ-IT, Inc.  
(Name of Corporation)

P04000060589, 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