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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Suncreat Medease Solutions Inc. (Name of Corporation) DOCUMENT NUMBER: P04000 68 337
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)
Surcorat Moday Solution (Name of Firm/Company)
1711 Wythington RD. Ste. 201
LOPB FC 33409 (City/State and Zip Code)
For further information concerning this matter, please call:
Deplace at (Sel) 296-0412 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

04 SEP 21 AMII: 56

ALLAHASSEE, FLORIDA

of Success Martage Solution, Total

(Name of Corporation)

PO 4000 (08337, a corporation organized under the laws of the State of (Document Number, if known)

The ida

(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