

PO4000 090139

(Requestor's Name)

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(City/State/Zip/Phone #)

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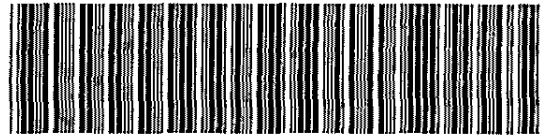
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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TS10/18/04

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ARM HOME INSPECTIONS, INC.

DOCUMENT NUMBER: P04000090139

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ORLANDO ARROM

(Name of Contact Person)

ARROM & COMPANY, PA

(Firm/ Company)

10856 NW 26 ST. STE 203

(Address)

MIAMI, FL 33172

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

ORLANDO ARROM

(Name of Contact Person)

at (305) 592-0663

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

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**

FILED

04 OCT 18 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, ORLANDO ARON, hereby resign as VICE PRESIDENT / DIRECTOR
(Title)

of ARM HOME INSPECTIONS, INC.
(Name of Corporation)

P04000090139, 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