

P04000123017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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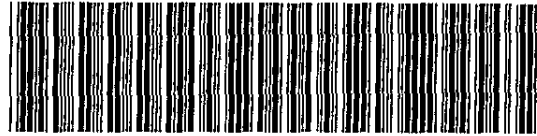
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

o/d resign

JB
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OCEAN VIEW BANCORP, INC.
(Name of Corporation)

DOCUMENT NUMBER: P04000123017

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

Please return all correspondence concerning this matter to the following:

YOLANDA M. CONCEPCION, ESQ.

(Name of Person)

LAW OFFICES OF YOLANDA M. CONCEPCION

(Name of Firm/Company)

11900 BISCAYNE BLVD., #264

(Address)

MIAMI, FLORIDA 33181

(City/State and Zip Code)

For further information concerning this matter, please call:

YOLANDA M. CONCEPCION

(Name of Person)

at (305) 981-2121

(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**

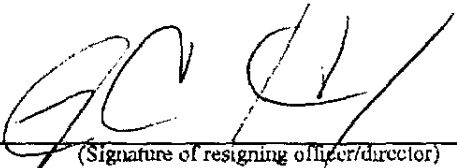
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, JUAN CARLOS HERNANDEZ, hereby resign as DIRECTOR
(Title)

of OCEAN VIEW BANCORP, INC.
(Name of Corporation)

P04000123017, 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