

P04000147770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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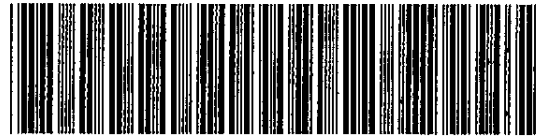
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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Res.

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Enhanced Debt Solutions, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P04000147770

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

Please return all correspondence concerning this matter to the following:

Gary DeRosa
(Name of Person)

Enhanced Debt Solutions, Inc.
(Name of Firm/Company)

1260 N. Los Palms
(Address)

Los Angeles, CA 90036
(City/State and Zip Code)

For further information concerning this matter, please call:

Gary DeRosa at (323) 466-1933
(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

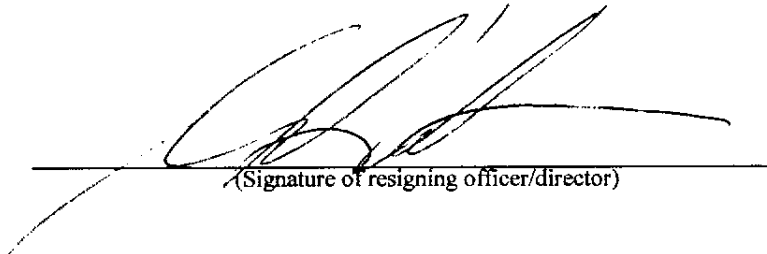
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Scott Koznick, hereby resign as President
(Title)

of Enhanced Debt Solutions, Inc.
(Name of Corporation)

P04000147770, 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