804000152159

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SECRETARY OF STATE

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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Xchangeagent Inc	
	(Name of Corporation)
DOCUMENT NUMBER: P040	000152159
The enclosed Officer/Director Resig	gnation for a Corporation and fee are submitted for filing.
Please return all correspondence con	ncerning this matter to the following:
Lawrence John Morales	
(Name of Perso	on)
(Name of Firm/Con	mpany)
2300 SE 14th St	
(Address)	
Pompano Beach, FL 33062	
(City/State and Zip	Code)
For further information concerning t	his matter, please call:
Lawrence John Morales	at (954) 205-5279 (Area Code & Daytime Telephone Number)
(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

I, Lawrence Morales	, hereby resign as_	Board Member D, rector
of Xchangeagent Inc.	me of Corporation)	,
P04000152159 (Document Number, if known)	, a corporation organized un	: ider the laws of the State of
Florida	(Signature of resigning officer/direct	etor)
- · · · · · · · · · · · · · · · · · · ·	(Signature of resigning officer/direct	etor)

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