1050000/0293

(I	Requestor's Name)
(/	Address)
(/	Address)
(0	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(F	Business Entity Name)
(Document Number)	
Certified Copies	Certificates of Status
Special Instructions to Filing Officer:	
	ment of the second

Office Use Only



900156006399

05/18/09--01009--009 **35.00

Dp/Dir Resign

09 NAY 18 PM 2: 27

DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Degford Holdings Inc. (Name of Corporation)		
DOCUMENT NUMBER: <u>FOSO 000 D293</u>		
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)		
(Name of Firm/Company)		
12 Falls Place (Address)		
Palm Coust FL 32137 (City/State and Zip Code)		
For further information concerning this matter, please call: Time Concerning this matter, please call: at (386) 585-4078 (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		

I, TING CONYOY, hereby resign as TYPISUTEY Of PAGE AND CONYOY, hereby resign as TYPISUTEY (Title) Of PAGE AND CONYOY, hereby resign as TYPISUTEY (Title) Of PAGE AND CONYOY (Name of Corporation) POSODO 10293 (Document Number, if known)

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

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