P.0500063491

(D.		
(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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Certified Copies	Certificates	of Status
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Special Instructions to Filing Officer:		
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SECKETARY OF STATE
TALL AHASSEF, FLORID.

COVER LETTER

Amendment Section Division of Corporations

TO:

, o an Inc	
SUBJECT: Qyos Inc.	(Name of Corporation)
DOCUMENT NUMBER. POS	5000063491
DOCUMENT NUMBER:	
The enclosed Officer/Director Res	signation for a Corporation and fee are submitted for filing
Please return all correspondence co	oncerning this matter to the following:
Samuel Luzzi	
(Name of Pe	rson)
Qyos Inc.	
(Name of Firm/C	Company)
9513 Southern Garden Cir.	
(Address)
Altamonte Springs / FL 32714	ļ
(City/State and Z	Cip Code)
For further information concerning	g this matter, please call:
Samuel Luzzi	at (321) 947 6725 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	de 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, Sharan Alva	, hereby resign as President PFLORID (Title FLORID
of Qyos Inc.	me of Corporation)
P05000063491 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	
	(Signature of resigning officer/director)
STATE OF FLORIDA COUNTY OF Orange Sworn to (or affirmed) and subscribed before me this 19Th day of Sept , 1900 by Sharan F who is personally known to me or has produced FL as identification:	FILING FEE IS \$35.00 JEANNIE TEJEDA Notary Public, State of Florida My comm. expires Feb. 08, 2009
	No. DD 387109

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314