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(Address) how May C/O Three Square Business Solo Lifted Towntainview Lang, Suite 610 Chano, IL, 32001 (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		(Requestor's Name)
(Business Entity Name) (Document Number) Certified Copies Certificates of Status		(Address)
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Three Square Business Colutions (Name of Corporation)	
DOCUMENT NUMBER: PO500093842	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted f	or filing.
Please return all correspondence concerning this matter to the following:	-
(Name of Person)	
Three Square Rixiness Solutions (Name of Firm/Company)	
4455 Fountainuien long Suite 640 (Address)	
Orlando, FL, 32d0? (City/State and Zip Code)	
For further information concerning this matter, please call:	•
And RVI Mann at (32.1) 206-6718 (Area Code & Daytime Telephone N	umber)

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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FILED 1. JULIO GARZIA M., hereby resign as VICE HOLDON OF THE Square Busness Solutions, Inc. Pos 0000 93 8 40 (Name of Corporation) (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