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| (Requestor's Name) | | | | | |
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| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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COVER LETTER

| TO: | Amendment Section Division of Corporations |
|--|--|
| SUBJ | ECT: Ample Solutions, (uC (Name of Corporation) |
| | |
| DOCI | UMENT NUMBER: 8 05000128 469 |
| | nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please | return all correspondence concerning this matter to the following: |
| | Uska Reder (Name of Person) |
| | (Name of Person) |
| | (Name of Firm/Company) |
| | 7502 Can Galrid Lu (Address) |
| | Vaples F1 34100) (City/State and Zip Code) |
| For fu | rther information concerning this matter, please call: |
| | (Name of Person) at (239) 514-7599 (Area Code & Daytime Telephone Number) |
| Enclos | sed is a check for \$35.00 made payable to the Florida Department of State. |
| Amend Division Clifton 2661 E | Address: Idment Section On of Corporations On Building Executive Center Circle Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, | Refer | Schmick | hereby resign as | President (Title) |
|----|------------------------|---------------|---|---------------------------------------|
| of | | Am ole | Solutions, luc of Corporation) | · · · · · · · · · · · · · · · · · · · |
| | Posol (Document Number | 28459 | _, a corporation organized under th | ne laws of the State of |
| | FL | | | |
| | | | | |
| | | | | |
| | | (S | Signature of esigning officer/director) | |
| | | | | 08. SECA |
| | | F | TILING FEE IS \$35.00 | JUN -1 HASSEE |
| | Make c | hecks payable | to Florida Department of State | and mail to STAL |

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