## P05000149265

| (Re                                     | equestor's Name)   |             |  |
|---|--------------------|-------------|--|
| (Ad                                     | ldress)            |             |  |
| . (Ad                                   | dress)             |             |  |
| (Cit                                    | ty/State/Zip/Phone | e #)        |  |
| PICK-UP                                 | ☐ WAIT             | MAIL        |  |
| (Bu                                     | siness Entity Nar  | ne)         |  |
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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

| NATALIE IOSEDII  | INC   |                      |                        |
|--|---|----------------------|------------------------|
| SUBJECT: NATALIEJOSEPH   | (Name of Co   | orporation)          |                        |
| DOCUMENT NUMBER: PO  | 5000149265  |                      |                        |
| The enclosed Officer/Director Res  | signation for a Corpor  | ation and fee are    | submitted for filing.  |
| Please return all correspondence c   | oncerning this matter   | to the following:    |                        |
| JOSEPH S. DALEO JR.  |   |                      | and the second second  |
| (Name of Person)   |   | <del></del>          | ··· ·                  |
|  |   |                      | 1                      |
| (Name of Firm/C  | Company)  |                      |                        |
| 7511 SW 187TH STREET   |   |                      |                        |
| (Address   | 5)  |                      | rena                   |
| CUTLER BAY, FL. 33157  |   |                      |                        |
| (City/State and 2  | Zip Code)   | <del></del>          |                        |
| For further information concerning   | g this matter, please c   | all:                 |                        |
| JOSEPH S. DALEO JR.  | at ( 954  | 205-3067             | ,                      |
| (Name of Person)   | (Area   | Code & Daytime       | 7<br>Telephone Number) |
| Enclosed is a check for \$35.00 ma   | ade payable to the Flor   | rida Department o    | of State.              |
| Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | Mailing Address:<br>Amendment Section Division of Corpor<br>Post Office Box 6:<br>Tallahassee, FL 3 | on<br>rations<br>327 |                        |

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| JOSEPH P. LOIACONO                       | , hereby resign as SEC                   |                    |
|--|--|--------------------|
| **                                       | ,,                                       | (Title)            |
| of_NATALIEJOSEPH, INC.                   |  | ,                  |
| (Name                                    | of Corporation)                          |                    |
| P05000149265 (Document Number, if known) | , a corporation organized under the laws | s of the State of  |
| FLORIDA                                  | ·  |                    |
| Josef                                    | Signature of resigning officer/director) | TO FEB 10 PH 1: 30 |

## 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