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TO: Amendment Section Division of Corporations

Name of Corporation) OCEAN SUBJECT:

P05000162526 DOCUMENT NUMBER:

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 ame of Firm/Company 904 3215 33487 Code) For further information concerning this matter, please call: at (<u>56/</u>) (Area Code 214 3249 Daytime Telephone Number)

23.1

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

(Name of Person)

Mailing Address: Amendment Section **Division of Corporations** Post Office Box 6327 Tallahassee, FL 32314



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