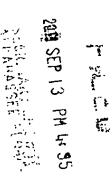


| (F | Requestor's Name) | | | |
|------------------------|-------------------------|--|--|--|
| (F | Address) | | | |
| | Address) | | | |
| (0 | Lity/State/Zip/Phone #) | | | |
| PICK-UP | WAIT MAIL | | | |
| | Business Entity Name) | | | |
| | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates of Status | | | |
| Cnial Instructions i | - Filing Officer | | | |
| Special Instructions t | o riling Onicer: | | | |
| | | | | |
| | | | | |
| | | | | |
| 1 | | | | |
| | | | | |
| | | | | |

Office Use Only

000333415380

09/13/19--01013--007 **35.00



TRANSMITTAL LETTER

| TRANSMITTAL LETTER | | | | |
|--|--|--|--|--|
| TO: Amendment Section Division of Corporations SUBJECT: Devoto Investment, Inc (Name of Corporation) | | | | |
| SUBJECT: Devoto Investment, Inc (Name of Corporation) | | | | |
| DOCUMENT NUMBER: P 06000046433 | | | | |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| Gabriel Patrich (Name of Person) | | | | |
| (Name of Firm/Company) | | | | |
| 2471 Abaco Acci | | | | |
| Micimi Fl 33133 · (City/State and Zip Code) | | | | |
| For further information concerning this matter, please call: | | | | |
| Gabriel Patrich at 305 924-8076 (Name of Person) (Area Code & Daytime Telephone Number) | | | | |
| 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 2661 Executive Center Circle Tallahassee, FL 32301 | | | | |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| 1. Miche | lle D. Pat. | ァババ , hereby resign a | s 50 | Title) | |
|------------------|--------------------|--|-----------------------|---------------|-----|
| | unda Tr | | | THIC) | |
| | | Corporation) | | . | |
| (120ctiment 14th | inaci, ii kiiowii) | . a corporation organized u | ınder the laws of the | he State of | |
| Florio | 101 | · | | | Ť |
| | , | 1 | | 第13 | |
| | 1. | Line De la | | 至五 | e i |
| | <u> </u> | enature of resigning officer/dire | ector) | | |

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