

PO6000055060

(Requestor's Name)

(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:

Office Use Only



700322151407

12/18/18--E1007--0001--001.00

FILED
2018 DEC 18 A 12:57
TALLAHASSEE, FL 32301

DEC 27 2018

T. LEASEUX

60

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Z-Edge Piercing inc
(Name of Corporation)

DOCUMENT NUMBER: P06000055260

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Crea
(Name of Person)

Z-Edge Piercing inc.
(Name of Firm/Company)

2155 Siesta Dr.
(Address)

Sarasota, FL 34239
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Crea at (917) 378-0914
(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

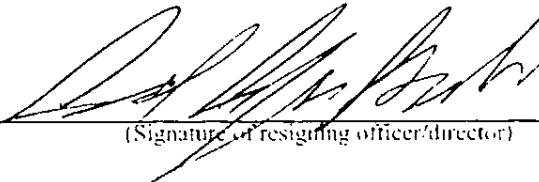
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Audra Alexopoulos, hereby resign as Vice President (VP)
(Title)

of Z-Edge Piercing Inc.
(Name of Corporation)

P06000055260, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(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

FILED
2018 DEC 18 A 12:57
TALLAHASSEE, FLORIDA