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TO: Amendment Section Division of Corporations

SUBJECT: GATEWAY WHOLE	ESALE PARTS INC. (Name of Corporation)
DOCUMENT NUMBER: P06	
	gnation for a Corporation and fee are submitted for filing
Please return all correspondence co	oncerning this matter to the following:
BRIAN HOFFMAN	
(Name of Per	son)
GATEWAY WHOLESALE PAR	RTS INC
(Name of Firm/Co	ompany)
17051 CYPRESS CRK DR	
(Address)	
N FT MYERS FL 33917	
(City/State and Zi	p Code)
For further information concerning	this matter, please call:
BRIAN HOFFMAN	at (239) 910-7932
(Name of Person)	at (239) 910-7932 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mag	de payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, TAMELA HOFFMAN , hereby resign as PARTNER	
	(Title)
of_ GATEWAY WHOLESALE PAR	TS INC.
(Name o	f Corporation)
P06000067033 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA Janela	a defination 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