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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: / / -; . / / . / . / . / . / . / . / . / . /
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The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Firm/Company Address Livipu Fl 33634 City/State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
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Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10 Tallahassee, FL 32303

CR2F045 (04/13)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

2021 NOV 18 PM 12:

SECRETARY OF STATALLAHASSEE, FIELD

of Vene State (Title)

of Vene State of (Name of Corporation)

PC600070162, a corporation organized under the laws of the State of (Document Number, if known)

T-101166.

(Signature of resignant 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