P06 0000070957

(F	Requestor's Name)
(/	Address)
	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(0	Document Number)
ertified Copies	Certificates of Status
Special Instructions t	to Filing Officer:
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2020 JUL 27 PH 4: 47

10 11/3/20

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: A I Jak	Name of Corporation)
DOCUMENT NUMBER:	
The enclosed Officer/Director Resigna	ation for a Corporation and fee are submitted for filing.
Please return all correspondence conce	erning this matter to the following:
MAGUES BURY	ma)
' (Name of Person)
(Name of Firm/Comp	pany)
3116 Swift St (Address)	<u> </u>
Melbourne FL 3. (City/State and Zip C	2901
For further information concerning thi	s matter, please call:
Margues Bugman (Name of Person)	at (321) 313 – 7906 (Area Code Expaytime Telephone Number)
Enclosed is a check for \$35.00 made p	payable to the Florida Department of State.
Mailing Address:	Street Address:

Amendment Section

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Amendment Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

i	Marques	Bugman	, hereby resig	gn as	Presid	ent/D (Tille)	isec	tor
of	<u></u>	(Name of	Altafarm Corporation)	, ta	C			
	PO6		a corporation organiz			f the State	of	
	Fl							
	(M	nature of resigning office	er/director)		2020 JUL 27	• g
		FII	ANG FEE IS \$35.00	0		ARY OF STATE HASSEE, FL	27 PH 4:47	

Make checks payable to Florida Department of State and mail to:

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