

PD6000101715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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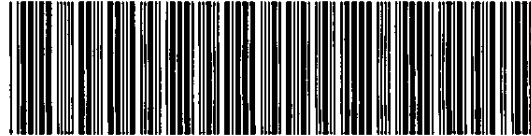
(Business Entity Name)

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DIVISION OF CORPORATIONS
15 APR -7 AM 9:57

C.L.
4-10-15

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Oceans Insurance Group, Inc

(Name of Corporation)

DOCUMENT NUMBER: P06000101715

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

Please return all correspondence concerning this matter to the following:

Clemente M. Amezaga

(Name of Person)

Oceans Insurance Group, Inc

(Name of Firm/Company)

16275 SW 88th Street

(Address)

Miami, FL 33196

(City/State and Zip Code)

For further information concerning this matter, please call:

Clemente M. Amezaga at **305** **388-4139**

(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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS


15 APR -7 AM 9:57

I, Clemente Amezaga, hereby resign as President
(Title)

of Oceans Insurance Group, Inc.
(Name of Corporation)

P06000101715, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

 / President
(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