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(Re	questor's Name)	
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(Cit	:y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	





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COVER LETTER

SUBJECT: Blue Financial Inc. (Name of Corporation)
DOCUMENT NUMBER: PO600014/30/
DOCUMENT NUMBER: 00000191,301
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Jon Packs
(Name of Person)
Blue Financial INC (Name of Firm/Company)
(Name of Firm/Company)
3/25 Sth Avenue Math Sont 203 (Address) SANT Peters hay Horida 337/3 (City/State and Zip Codé)
(Address)
Sant Peters hux, Horida 337/3
(City/State and Zip Code)
For further information concerning this matter, please call:
Tow Parts at (727) 743-905/ (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

	OFFICER / DIRECTOR RESIGNATION FILED FOR A CORPORATION 08 APR - 1 PM LETTO
	TALLAHASSEE, FLORIDA
I,	what tood , hereby resign as Vice President (Title)
of_	Blue Financial INC. (Name of Corporation)
	(Name of Corporation) PO 600/4/30 /, a corporation organized under the laws of the State of (Document Number, if known)
	Florida
in the	(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