(Re	equestor's Name)		_	
(Ac	idress)		_	
(Ac	ddress)		_	
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
`	•	,		
(Document Number)				
Certified Copies	_ Certificates	of Status	-	
Special Instructions to Filing Officer:				
			J	





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COVER LETTER

TO:	Amendment Section Division of Corporations				
SUB	JECT: EZ-SATELLITE CORPORATION				
~~~	(Name of Corporation)  DOCUMENT NUMBER: P06000149713				
DOG					
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing				
Pleas	se return all correspondence concerning this matter to the following:				
JO	HN J. VALENCIA				
	(Name of Person)				
EZ	-SATELLITE CORPORATION				
	(Name of Firm/Company)				
344	10 HOLLYWOOD BLVD. SUITE # 415				
	(Address)				
НС	LLYWOOD, FL 33021				
	(City/State and Zip Code)				
For t	further information concerning this matter, please call:				
JOH	AN J. VALENCIA at (305) 384-8733 (Name of Person) (Area Code & Daytime Telephone Number)				
	(Name of Person) (Area Code & Daytime Telephone Number)				
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.				
Ame Divi Clift 2661	et Address: Indian Section Sion of Corporations on Building Executive Center Circle Shassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314				

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## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. ALVARO D. RAMIREZ	, hereby resign as DI	RECTOR	
	,	(Title)	
of EZ-SATELLITE CORPORATION	ON		
(Name	of Corporation)		
P06000149713 (Document Number, if known)	, a corporation organized under the laws of the State of		
FLORIDA			

(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

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