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| Special Instructions to F | iling Officer: | | | | | |
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Office Use Only



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TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: DRIVERA Enterprises INC (Name of Corporation) |
| DOCUMENT NUMBER: 10700001704 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following: |
| Migrel Ramos |
| (Name of Person) |
| |
| (Name of Firm/Company) |
| 4138 Grant Blvd. (Address) |
| (Address) |
| ORL FL 3280 Y (City/State and Zip Code) |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| mig-el Rano) at (407) 491-7811 (Area Code & Daytime Telephone Number) |
| Enclosed is a check for \$35.00 made payable to the Florida Department of State. |
| Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301 |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| 1 | Migue | el R | 2 Amos | _, hereby resign as_ | Vice | Presid (Title) | en7 | |
|------------|--------------------------------|---------------|-----------------|-------------------------|----------------|-----------------------------|-----------|------|
| of <u></u> | | DR (N | IVERA | ENTERP | mises_ | INC. | <u></u> - | |
| P07 | 70000 1 Document Number, it | 704 known) | , а согро | ration organized un | der the laws o | of the State of | , | |
| | Florida | | | | | | | |
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| | | 7 | Mul | | _ | B.C. | 17 J | |
| | | | (Signature of i | resigning officer/direc | lor) | | UL 17 | FILE |
| | | | | | | 19 (1) (1) (2) (2) | PH 4: 1 | Ö |

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