## 411500000000

(Re	questor's Name)	<del></del>
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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officer Resignation

## **COVER LETTER**

<b>TO:</b> Amendment Section Division of Corporations	
NAME OF CORPORATION: 1105-1	Toxtgage INC
DOCUMENT NUMBER: POTO C officer Resignation The enclosed Articles of Amendment and fe	00002114
The enclosed Articles of Amendment and fe	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
	Contact Person)  Contact Person)  Contact Person)
8965 500/	(Address)
Murami (City	6 3317/ State and Zip Code)
For further information concerning this matter	er, please call:
Teres 77 L. Duinder (Name of Contact Person)	at (305) 244-1991 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amoun	t made payable to the Florida Department of State:
\$35 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

President

of Trust Montage TIOC

<u>Po700002114</u>, (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