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(Requestor's Name)				
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. (City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
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Certified Copies	_ Certificates	Certificates of Status		
Special Instructions to	Filing Officer:			
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SECRLIARY OF STATE
TAIL ANASSEE, FLORID.

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COVER LETTER

Division of Corporations

SUBJECT: Name of Corporation

DOCUMENT NUMBER: PO 7000 317 8

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

Please return all correspondence concerning this matter to the following:

Name of Person)

(Name of Person)

(Name of Firm/Company)

(Address)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

Vari Whitewore-Suleat (339) 389-6310 (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

TO:

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Kristie Cook hereby resign as Vice	Pside (Title)	tus
of Moxxi, Tuc (Name of Corporation)	(Time)	
10000317108, a corporation organized under the laws (Document Number, if known)	of the State of	
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(Signature of resigning officer/director)	97 SECI	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
	APR -3 F RETARY OF ATTASSEE,	FILE
	PH 12: F STA FLOR	

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314