P07000079919

(Re	questor's Name)	
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COVER LETTER

TO:	Amendment Section Division of Corporations
SUB	JECT: Integrated Resorts, Inc
	(Name of Corporation)
DOC	CUMENT NUMBER: P07000079919
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
Gar	rett E Spitzer III
	(Name of Person)
Spit	zer & Company Inc
····	(Name of Firm/Company)
PO	Box 1988
	(Address)
Bun	nell, FL 32110
•	(City/State and Zip Code)
For fi	urther information concerning this matter, please call:
Gam	ett E Spitzer at (386) 931-8647
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amen Divisi Clifto 2661	Mailing Address: Idment Section Idm

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Garrett E Spitzer III	, hereby resign as_	Vice President	
		(Title)	
of Integrated Resorts Inc			
(Na	me of Corporation)		
P07000079919, a corporation organized under the laws of th		der the laws of the State of	
(Document Number, if known)			
Florida			

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