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SECRETARY OF STATE DIVISION OF CORPORATIONS OF STATE OF S

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COVER LETTER

SUBJECT: INTEGRATED AMENITIES INC. (Name of Corporation)
DOCUMENT NUMBER: <u>P0700084574</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
TOHN ALEXANDERSON (Name of Person)
(Name of Firm/Company)
POBCX 354403 (Address)
PALM COAST FL., 32/35 (City/State and Zip Code)
For further information concerning this matter, please call:
TOHN ALEXANDERSON at (381) 931-8433 (Name of Person) (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 Division of Corporations

TO:

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



TATELONGED AND TOTAL	
INTEGRATED AMENITIES, IM. (Name of Corporation)	
P0700084574 , a corporation organized (Document Number, if known)	under the laws of the State of
FLORIDA.	
Och abel	

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