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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: The Exchange Fund (Name of Corporation)
DOCUMENT NUMBER: <u>P07000125724</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filling
Please return all correspondence concerning this matter to the following:
HILA JUREIDINI (Name of Person)
(Name of Person)
The Exchange Fund (Name of Firm/Company)
(Name of Figure Company)
5921 Manchester Way (Address)
TAMARAC F1 3332 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
HILA JUREIDIN 1 at (454) 670-4523 (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 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

i,	Hilda	JUREIDIN 1	, here	by resign	n as	\mathcal{P}_{l}	sid	ent (Title)	-	
of_	The	Exchange (Name	Fund of Corporation)				<u> </u>	, <u>-</u>		,
	PO 70001 (Document Nui Florid P	25724 mber, if known)		organize The				100	<u> </u>	- -
			Efic ex significant signature of resignificant signature of signature	ng officer/	director)			FLORID/	W 10: 54	D

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