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| (R | equestor's Name) | |
|---|--------------------|-------------|
| (A | ddress) | |
| (A | ddress) | |
| (Ċ | ity/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bi | usiness Entity Nar | me) |
| (De | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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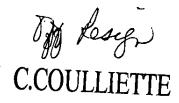
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SECRETARY OF STATE
ALLAHASSEE, FLORID



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EXAMINER

COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: FUSION TEXT PLUS INC (Name of Corporation) |
| DOCUMENT NUMBER: |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| John Jairo Correson) (Name of Person) |
| Fusion tekplus Inc (Name of Firm/Company) |
| 16116 N. Florida Aue (Address) |
| LUTZ, FI 33547 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Jaine tobon at (813) 919-5826 (Name of Person) at (813) 919-5826 (Area Code & Daytime Telephone Number) |
| Enclosed is a check for \$35.00 made payable to the Florida Department of State. |

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

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

OFFICER DIRECTOR RESIGNATION FOR A CORPORATION

| I, John Jaieo Coeeea, hereby resign as | SECRETARY. |
|--|--------------------------------------|
| of Fusiontekplus Inc. (Name of Corporation) | , |
| (Document Number, if known), a corporation organized un | der the laws of the State of |
| Florida. | |
| (Signature of resigning officer/du) | or) |
| , | 10 APR 19 SECRETARY TALLAHASSE |
| FILING FEE IS \$35.00 Make checks payable to Florida Department of St | ## 8: OF ST |

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