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SECULTARY OF STATE FALLANIASSEF, FLORIDA

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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Shop Smad Congruency, Inc. (Name of Corporation)
DOCUMENT NUMBER: \$\int 0\860.00943\cdot2
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Mohannel Open (Name of Person)
Shot Smert Convenier, Inc. (Name of Firm/Company)
545 Wood bine St-
(City/State and Zip Code)
For further information concerning this matter, please call:
Mohanne 1 OD ch (Name of Person) at (S6() 635-070Z (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

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Rafida Gilani	, hereby resign as	President
,		(Title)
of Shop Smert (Name of	(onyonal	
P08006094362	, a corporation organized und	er the laws of the State of
(Document Number, if known)	, -	
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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