

PO9 00000 89056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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*Resignation of  
officer*

00 1 21 1018-00 113510

STATE OF ARIZONA  
DEPARTMENT OF REVENUE  
TOLSON SEC. 1101

2022 FEB 14 AM 11:53

FILED

A. RAMSEY  
FEB 22 2022

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: **ARMADA BUSINESS GROUP, INC.**  
(Name of Corporation)

DOCUMENT NUMBER: **P09000089056**

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**INNA YASHCHYSHYN**  
(Name of Person)

(Name of Firm/Company)

**3470 EAST COAST AVE UNIT 2007**  
(Address)

**MIAMI, FL 33137**  
(City/State and Zip Code)

For further information concerning this matter, please call:

**INNA YASHCHYSHYN** at ( **305** ) **376-1498**  
(Name of Person) (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  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**

2022 FEB 14 AM 11:53

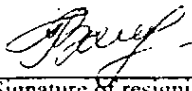
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, **INNA YASHCHYSHYN**, hereby resign as **Vice President**  
(Title)

of **ARMADA BUSINESS GROUP, INC.**  
(Name of Corporation)

**P09000089056**, a corporation organized under the laws of the State of  
(Document Number, if known)

**FLORIDA**

 2/7/22  
(Signature of resigning officer/director)

**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