

P09000099081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

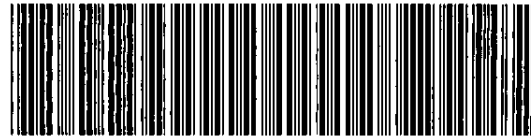
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THRADEX CORPORATION
Name of Corporation

DOCUMENT NUMBER: PO9000099081

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARMEN E. VERGARA
Name of Contact Person

THRADEX CORPORATION
Firm/Company

612 LAKE CHARLES DRIVE
Address

DAVENPORT, FL 33837
City/State and Zip Code

carmen.vergara@thradex.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARMEN E. VERGARA at (863) 595 7227
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

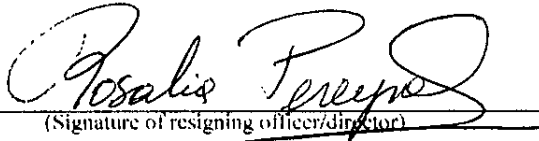
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ROSALIA PEREYRA, hereby resign as CEO
(Title)

of THRADEX CORPORATION
(Name of Corporation)

PO9000099081, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(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

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DIVISION OF CORPORATIONS
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