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COVER LETTER

Division of Corporations
SUBJECT: A 1 Insurance, Corp. (Name of Corporation) DOCUMENT NUMBER: P 1000069060
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
NINOSCKA M. Gomez
(Name of Person) A 1 Insuman W (Name of Firm/Company) 15 211 S11) 142 to 1
$\frac{13\alpha 1^{11} \cdot 3\omega 7 \cdot C \cdot C \cdot C}{\text{(Address)}}$
(City/\$tate and Zip Code)
For further information concerning this matter, please call: NOSCIA Somular at (786) 250 963 Real 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 A LIGHT AND THE CORPORATION A LIGHT AND THE CORPORATION OF A LIGHT AND THE CORPORATION (Name of Corporation) Plocods 60 (Document Number, if known) Florida A corporation organized under the laws of the State of (Document Number, if known)

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

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