

P100000100453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

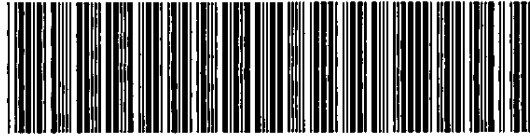
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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16 AUG -1 PM 8:55  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

AUG 10 2016  
C McNAIR

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

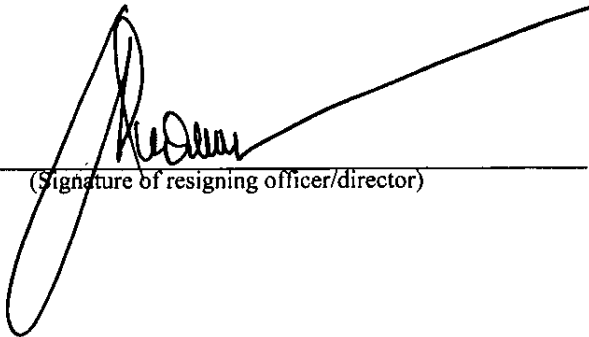
SECRET  
DIVISION OF CORPORATIONS  
16 AUG 11 01 55

I, CARLOS O. B. DE MIRANDA, hereby resign as D - P - V - S  
(Title)

of CURVEN CORP.  
(Name of Corporation)

D10000100453, 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