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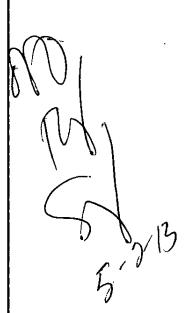
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	<i>⇒</i> #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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TRANSMITTAL LETTER

Division of Corporations

SUBJECT: Cloudware. Inc.

(Name of Corporation)

DOCUMENT NUMBER: P10000102413

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Barrie J Osborne

(Name of Person)

Cloudware, Inc.

(Name of Firm/Company)

8134 Prestbury Drive

(Address)

Orlando, FL 32832

(City/State and Zip Code)

For further information concerning this matter, please call:

Barrie J Osborne

(Name of Person)

at (407 622-1176

(Area 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

409 E. Gaines Street

Tallahassee, FL 32399

Mailing Address:
Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassec, FL 32314

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_{ı.} Mark Amell	, hereby resign as Vice President
,	(Title)
_{of} Cloudware, Inc	
	Corporation)
(Document Number, if known)	a corporation organized under the laws of the State of
P10000102413	· Store Co.
	CRETAN LAHASSE
(Sign	nature 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