## (Requestor's Name) (Address) 300305318803 (Address) (City/State/Zip/Phone #) PICK-UP TIAW [ MAIL 11/06/17--01029--025 \*\*35.00 (Business Entity Name) (Document Number) Certified Copies \_ Certificates of Status \_\_\_\_\_ Special Instructions to Filing Officer: Office Use Only NOV - 8 2017 I ALBRITTON

## TRANSMITTAL LETTER

Division o	f Corporations
	NO INC
SUBJECT: OD	(Name of Corporation)
DOCUMENTS.	UMBER: P12000021672
DOCUMENTING	DWRFK:
The enclosed Offi	cer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all co	orrespondence concerning this matter to the following:
shu zhaին	g
	(Name of Person)
ODIVO IN	1C
	(Name of Firm/Company)
4512 Harl	borpointe dr.
7	(Address)
Port Riche	ey/FL 34668
	(City/State and Zip Code)
For further inform	nation concerning this matter, please call:
shu zhan	a(l)
(N	ame of Person) (Area Code & Daytime Telephone Number)
Enclosed is a chec	k for \$35.00 made payable to the Florida Department of State.
Mailing Address:	Street Address:
Amendment Section Division of Corporation	
P.O. Box 6327	2661 Executive Center Circle
Tallahassee, FL 33	Tallahassee, FL 32301

CR2E044 (05/13)

TO: Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

<sub>ı,</sub> Yur	Cui, hereby resign as CFO		
İ	IVO INC		
	(Name of Corporation) 00021672 a corporation organized under the laws of the State ocument Number, if known)	of	
FL			
	(Signature of resigning officer/director)		
	SECRUTARY FALL AHASSI	2017 NOV -6	1 16
	FILING FEE IS \$35.00	SH 183. 2	רכ
	Make checks payable to Florida Department of State and mail to:	1-	- 4

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