## P1200038814

(Requestor's Name)		
(Address)		
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## TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ICOMACONS INC.
	(Name of Corporation)
DOC	UMENT NUMBER: P12000038814
The co	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	return all correspondence concerning this matter to the following:
	TERESA RICCARDI
	(Name of Person)
	ICOMACONS INC.
	(Name of Firm/Company)
	1124V SUNSET Pt Dr # 301
	(Address)
	Clearwater FL 33755
	(City/State and Zip Code)
For fu	ther information concerning this matter, please call:
	TERESA RICCARDI au. 727 439-0130
	TERESA RICCARDI at (727 439-0130 (Area Code & Daytime Telephone Number)
Enclos	ed is a check for \$35.00 made payable to the Florida Department of State.
Amend Divisio P.O. Bo	g Address: Iment Section In of Corporations Ox 6327 Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassoe, FL 32314 Tallahassoe, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FABRIZIO CIANCIO	TREASURER	
I DESCRIPTION	, hereby tesign as (Title)	
ICOMACONS INC.		
(Name of Corporation)		
PI2000038814		
(Document Number, if known)	- <del></del>	
FLORIDA	'	
	~ A //	
1		
	1000/100	
<del></del>	(Signature of resigning officer/director)	

## FILING FEE IS \$35.00

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

Amendment Section Division of Corporations P.O. Hox 6327 Tallahassee, Florida 32314 17 OCT 30 PH 3: 53