

P12000045503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

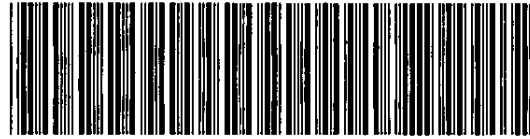
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JUN 25 2014

C. CARROTHERS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: X-FACTOR ALLIANCE, INC.
(Name of Corporation)

DOCUMENT NUMBER: P12000045503

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BOAZ MOISE
(Name of Person)

X-FACTOR ALLIANCE, INC.
(Name of Firm/Company)

11496 PIERSON RD C13
(Address)

WELLINGTON, FL 33414
(City/State and Zip Code)

For further information concerning this matter, please call:

MARY SCHOB at (561) 301-1779
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, AMBER NALL, hereby resign as VICE PRESIDENT
(Title)

of X-FACTOR ALLIANCE, INC.
(Name of Corporation)

P12000045503, 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

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