(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: LANZA SKINCARE FUC (Name of Corporation) DOCUMENT NUMBER: P 13 000 000335
DOCUMENT NUMBER: 1300000335
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filin
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Firm/Company)
4917 WATERSONE WAY (Address)
FT Pience LL 34949 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (786) 2013535 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, ANTONIO LANZA, hereby resign as VP	(Title)		
of LANZA SKINCARE INC. (Name of Corporation)	,,		
(Name of Corporation)			`
(Document Number, if known) (DOCUMENT Number, if known) (DOCUMENT NUMBER, if known)	of the Stat	e of	
- PLOKENJA	38	202	
	CRETA	2021 JUN -	
	HASSE	PM	
/(Signature of resigning officer/director)	F. FL	9: 2:	

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