

| (Ri | equestor's Name) | |
|---|------------------------|--|
| (*** | oquestor s rearrie) | |
| (Ac | ddress) | |
| (Ad | ddress) | |
| (Ci | ity/State/Zip/Phone #) | |
| PICK-UP | WAIT MAIL | |
| (Bo | usiness Entity Name) | |
| (D | ocument Number) | |
| Certified Copies | Certificates of Status | |
| Special Instructions to Filing Officer: | | |
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TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: Connect 4 Medical Corp. (Name of Corporation) |
| DOCUMENT NUMBER: P 130000 47756 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following: |
| Michael J. Russo (Name of Person) |
| Connect 4 Medical, Corp. (Name of Firm/Company) |
| 7695 SW Ellips - Wy. (Address) |
| Stuart FL. 34997 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Michael Russo at (56) 972-0390 (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
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E044 (05/13)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, James J. Sutherlin Jr., hereby resign as President |
|--|
| (Title) |
| of Connect 4 Medical, Corp. (Name of Corporation) |
| P130000 477 56, a corporation organized under the laws of the State of (Document Number, if known) |
| FLovida. |
| |
| |
| James 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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