

P13 000055362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FL

JQ 10/15/20

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Kala Medical Corp.
(Name of Corporation)

DOCUMENT NUMBER: P13000055362

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

Please return all correspondence concerning this matter to the following:

Alexangel Santana
(Name of Person)

Kala Medical
(Name of Firm/Company)

10118 SW 125 Street
(Address)

Miami, Florida 33176
(City/State and Zip Code)

For further information concerning this matter, please call:

Alexangel Santana at (786) 507-5530
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

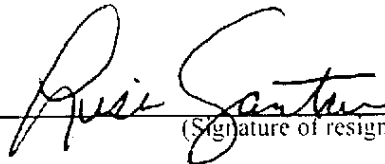
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Lisa Santana, hereby resign as vice president
(Title)

of Kala Medical Corp.
(Name of Corporation)

P13000055362, 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

SECRETARY OF STATE
TALLAHASSEE, FL

2020 SEP -1, AM 9:14

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