P13000002210

(Re	equestor's Name)			
(Ad	dress)			
(Ad	ldress)			
(Čit	ty/State/Zip/Phone	: #)		
PICK-UP	MAIT	MAIL		
(Ви	siness Entity Nan	ne)		
(Do	ocument Number)			
Certified Copies	Certificates of Status			
Special Instructions to	Filing Officer:			

Office Use Only



200251822032

09/25/13--01018--009 **35.00

13 SEP 25 AM 9: 19

0D/235 1010,2.13

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Cheft of Way soli At, Inc. (Name of Corporation)
DOCUMENT NUMBER: P/300062210
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
(Name of Person)
The Vra-pir Law Fure, P.A. (Name of Firm/Company)
(Address)
Spor Hall, H 346c6 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (J) 556-5270 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Vincenzo	Costaglio	ام	, hereby resi	gn as	treasur	- i ductor	
		•					(Title)	
of	Chefi	of Mapo	1,71c,5	he.				. •
	•		•					
	(Document Number		, a corp	poration organiz	zed und	er the laws	of the State of	
	Florida		<i>.</i>					
		000	()					
	<u>K</u>	Corfl-	V-2~	-6			_ 	
		•	(Signature	of resigning office	manecte.	71 <i>)</i>		

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