P14000039647

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
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TRANSMITTAL LETTER

Division of Corporations Better Choice Enterprises Inc (Name of Corporation) DOCUMENT NUMBER: P14000039647 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Paulo R de Oliveira (Name of Person) (Name of Firm/Company) 5940 W Sample Rd apt 301 (Address) Coral Springs FL 33067 (City/State and Zip Code) For further information concerning this matter, please call: Paulo de Oliveira (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: **Street Address:**

Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Amendment Section
Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, Paulo R de Oliveira	, hereby resign as
***	(Title)
of better Choice Enterprise	ses Inc
(Name of Corp	oration)
(Document Number, if known) P14000039647	orporation organized under the laws of the State of
Moula	Rollen

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