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TRANSMITTAL LETTER

SUBJECT: alphaomega business corp.
(Name of Corporation)
DOCUMENT NUMBER: w14000066050
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rob Jones
(Name of Person)
alphaomega business corp
(Name of Firm/Company)
97 nw 69 st
(Address)
miami/FL 33150
(City/State and Zip Code)
For further information concerning this matter, please call:
Rich Malcolm (Name of Person) at (786) 9161222 (Area Code & Daytime Telephone Number)
(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 SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_{ı,} Rob Jones	, hereby resign as(Title)	
of alphaomega busin	ne of Corporation)	
w14000066050 (Document Number, if known)	, a corporation organized under the laws of the State of	
Florida		
RA		

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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