(Re	equestor's Name)		
(Ac	idress)		
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PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nam	ne)	
(Do	ocument Number)		
Certified Copies	Certificates	of Status	
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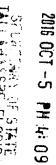


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TRANSMITTAL LETTER

Division of Corporations 3Rx Management, Inc. (Name of Corporation) DOCUMENT NUMBER: P15000000078 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **Kent Gross** (Name of Person) (Name of Firm/Company) 1000 Corporate Drive, Suite 520 (Address) Fort Lauderdale FL 33334 (City/State and Zip Code) For further information concerning this matter, please call: Kent Gross (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address: Mailing Address: Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

*Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

2016 OCT -5 PM 44 09

		ZUID UL	1 -0 11	, , ,,
. hereby resign a	_{as} Seci	eta	YSSEE.	STATE FLORIDA
_, , &	30)	(Title)	बेंग
ion)			,	,
oration organized	under the	laws o	f the State	of
•				
resigning officer/di	rector)			
	oration organized	ion)	, hereby resign as Secreta	oration organized under the laws of the State

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