

PI3000028638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

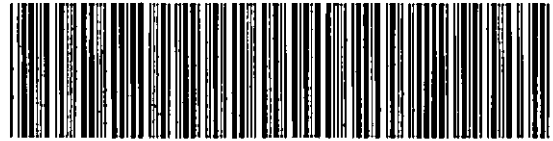
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900311044679

04/02/18--01035--011 \*\*35.00

FILED  
2018 APR -2 P 12:08  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

APR 04 2018  
T. LEMIEUX

10

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Injured 365.com, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: PL5000028638

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

Please return all correspondence concerning this matter to the following:

Elvis Clowers  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

1120 plant Ave  
(Address)

Miamisprings FL 33166  
(City/State and Zip Code)

For further information concerning this matter, please call:

Elvis Clowers at (305) 338-0841  
(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

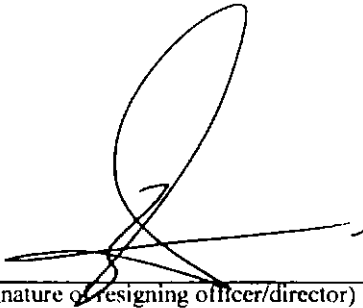
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Elvis charens, hereby resign as president 3 RA  
(Title)

of Enjored 365.com, Inc.  
(Name of Corporation)

p 150000 28638, 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

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2018 APR -2 P 12:08

**FILED**