P15000031791

		<u></u>
(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
	·	
(Cit	y/State/Zip/Phon	o #0
(Oit)	y/Otate/Zip/Filoni	c n)
PICK-UP	MAIT	MAIL
(Bu:	siness Entity Nar	ne)
`	•	,
	curnent Number)	
(20	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I		
	mig omoon	
<u></u>		

Office Use Only





100398134141

12/08/22--01006--027 **35.

2027 CEC -8 AM 8: 20

TRANSMITTAL LETTER

SUBJECT: Officer Removal		
30b3Ec1	(Name of Corporation)	
DOCUMENT NUMBER: P15000031791		
The enclosed Officer/Director Resignation	for a Corporation and fee are submitted for filing	
Please return all correspondence concerning	ng this matter to the following:	
Latoya Augustin		
(Name of Person)		
Oluomo Motors Inc		
(Name of Firm/Company)		
PO Box 170271		
(Address)		
Hialeah Fl 33015		
(City/State and Zip Code)		
For further information concerning this ma	atter, please call:	
Latoya Augustin	at ()	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for \$35.00 made payal	ble to the Florida Department of State.	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

TO: Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

2022 DEC -8 AM 8: 26

Olayinka Adigun	CFO, hereby resign as	ASSEE, FL
	, nereby resign as	(Title)
Oluomo Motors Inc		,
4)	Name of Corporation)	
P15000031791	, a corporation organized under the la	aws of the State of
(Document Number, if known)	<u> </u>	
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