DICOUDIOTSO

(Re	equestor's Name)			
(Ad	ddress)			
(Ac	ddress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates o	of Status		
Special Instructions to Filing Officer:				

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TRANSMITTAL LETTER

	TO: Amendment Section Division of Corporations		
	SUBJECT: Student stude Mound, Inc. (Name of Corporation) DOCUMENT NUMBER: P16000010780		
	The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing		
¥	Please return all correspondence concerning this matter to the following:		
	Joseph Fischer (Name of Person)		
	(Name of Firm/Company)		
	4899 NW 4 th Ave (Address)		
	Bo Ca Raton, FL 33431 (City/State and Zip Code)		
	For further information concerning this matter, please call:		
	TOSCON FISCHEY at (SQ) 719-4032 (Name of Person) (Area Code & Daytime Telephone Number) (Pouling Fischer, wife) 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		

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Joseph Fischer hereby resign as VP (Title)	-
of	Student Studs Moving, Inc.	
	P1600001780 , a corporation organized under the laws of the State of (Document Number, if known)	
	<u>Florida</u> .	
)
	(Signature of resigning officer/director)	A Parameter of the Para
	PM 2: 2	

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