

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : ACCOUNT BOOKKEEPING CORP
Account Number : I20120000055
Phone : (407)898-1757
Fax Number : (407)897-5336

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

COR AMND/RESTATE/CORRECT OR O/D RESIGN
ALPHA NETWORK SERVICES, CORP

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JUN 19 2017

O/D-Resign

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALPHA NETWORK SERVICES, CORP

(Name of Corporation)

DOCUMENT NUMBER: P16000035037

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

Please return all correspondence concerning this matter to the following:

RAFAELA MARTINS

(Name of Person)

ACCOUNT BOOKKEEPING CORP

(Name of Firm/Company)

5301 CONROY RD STE 140

(Address)

ORLANDO/ FL 32811

(City/State and Zip Code)

For further information concerning this matter, please call:

RAFAELA MARTINS

(Name of Person)

at **407 8981757**

(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

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**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, IDALECIO ANDRADE, hereby resign as President
(Title)

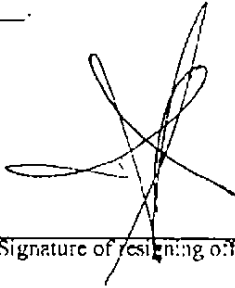
of ALPHA NETWORK SERVICES, CORP
(Name of Corporation)

P16000035037

(Document Number, if known)

, a corporation organized under the laws of the State of

Florida



(Signature of resigning officer/director)

FILED
17 JUN 16 AM 11:00
JUL 16 2017
JUL 16 2017

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