716000044701

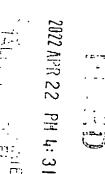
(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
operator medications to vising contests.			

Office Use Only



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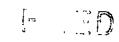
TRANSMITTAL LETTER

Division of Corporations MTO Express, Inc SUBJECT:_ (Name of Corporation) DOCUMENT NUMBER: P16000044701 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Noelia C. Peralta (Name of Person) PO Box 961593 (Name of Firm/Company) PO Box 961593 (Address) Miami, FL 33296 (City/State and Zip Code) For further information concerning this matter, please call: Noelia C. Peralta (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 The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



2022 APR 22 PH 4: 31

		Table to a control of the control of	
Alicia C.Peralta I,	P.VP. Trea	P.VP, Treasurer, hereby resign as	
	. Hereby resign us	(Title)	
MTO Express Inc		,	
	(Name of Corporation)		
P16000044701	a corporation organized under the la	iws of the State of	
(Document Number, if known	 · ·		
Florida			
	Resarta		
•	(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