P16000065338

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
Dom Law, PA SUBJECT:	
JOBALCI	(Name of Corporation)
DOCUMENT NUMBER: P16000065338	200000, 200
The enclosed Officer/Director Resignation	n for a Corporation and fee are submitted for filing
Please return all correspondence concerni	ng this matter to the following:
Alberto Rodriguez	
(Name of Person)	
Dom Law, PA	
(Name of Firm/Company	7)
1814 N 15th	
(Address)	
Tampa, FL 33605	
(City/State and Zip Code)
For further information concerning this m	atter, please call:
Alberto Rodriguez	at (813 867.4796 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made paya	able 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
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OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Domenick G. Lazzara 1,	CEO & Director, hereby resign as	
	(Title)	
Oom Law, PA		
(Name o	of Corporation)	
P16000065338 (Document Number, if known)	_, a corporation organized under the laws of the State of	
Florida		
	- `	
(S	ignature of resigning officer/director)	
DOMENICK G LAZ 16 SEPTEMBER 202	ZARA, CEO AN DIRECTOR, DOM LAW PA 24 SEP 20	
F	1LING FEE IS \$35.00	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Make checks payable to Florida Department of State and mail to: