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TRANSMITTAL LETTER

Division of Corporations Boulevard Exchange SUBJECT: (Name of Corporation) DOCUMENT NUMBER: P16000093267 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Katarina Rawdan (Name of Person) Boulevard Exchange (Name of Firm/Company) 245 Michael Dr (Address) St. Augustine/FI. 32086 (City/State and Zip Code) For further information concerning this matter, please call: Katarina Rawdan Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

TO:

Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

(Title)
der the laws of the State of

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