P17000053050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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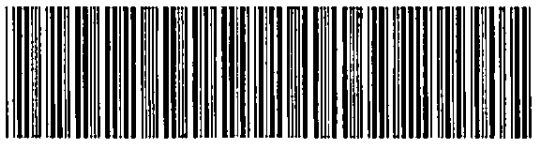

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TALLAHASSEE, FLORIDA

C. GOLDEN

OCT - 6 2017

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ACTIVE CLOUD SOLUTIONS CORP.
(Name of Corporation)

DOCUMENT NUMBER: P17000053050

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 F. CABANAS
(Name of Person)

CABANAS & ASSOCIATES, P.A.
(Name of Firm/Company)

10520 NW 26TH STREET - STE. C 201
(Address)

DORAL, FL. 33172
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH F. CABANAS at (305) 513 3639
(Name of Person) (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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TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, MARCO R. SALAZAR, hereby resign as TREASURER
(Title)

of ACTIVE CLOUD SOLUTIONS CORP.
(Name of Corporation)

P17000053050
(Document Number, if known), a corporation organized under the laws of the State of FLORIDA.

X _____
(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