## PI7000080535

(Requestor's Name)	
(Address)	
(Address)	<u> </u>
(City/State/Zip/Phone #)	
	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of St	atus
Special Instructions to Filing Officer:	
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TRANSMITTAL LETTER	toprás i fe	
TO: Amendment Section Division of Corporations		
SUBJECT: Global Integrity INSURANCE Group (Name of Corporation) DOCUMENT NUMBER: PITOCOO 80535	1870	
DOCUMENT NUMBER: PITOCOCE0535		
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Ramon Rusa (Name of Person)		
Glubal Integrity Insurance Group inc (Name of Firm/Company)		
125 NW 110TH AVE SUITE IUIB (Address)		
OCAIQ FL 34402 (City/State and Zip Code)		ŕŧ
For further information concerning this matter, please call:	877 6 877	· ,
$\frac{\text{Lily TG f-l}}{(\text{Name of Person})} \text{ at } (\frac{407}{(\text{Area Code & Daytime Telephone Number})}$	Kd L- K	
Enclosed is a check for \$35.00 made payable to the Florida Department of State.	f 6: 34	
Mailing Address: Street Address:		00

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. Ramon Rosa, hereby resign as Secretary (Title) of Global Integrity Insurance Group Inc. (Name of Corporation) 17000070535 (Document Number, if known), a corporation organized under the laws of the State of Florida

(Signature of resigning officer/director)

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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