P170000 989360

(Re	questor's Name)	
(Ad	dress)	
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(7).	ninna Caliba Nam	
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Canaial Instructions to	Cilina Officari	
Special Instructions to Filing Officer:		
	<u> </u>	<u> </u>

Office Use Only



000323224970

01/18/19--01011--030 **35.00

TO LETTE BE IN THE

alo Resignation

JAN 2 5 2019 D CUSHING

TRANSMITTAL LETTER

SUBJECT:	3BM,	INC	
	•	Name of Corpo	ration)
DOCUMENT NUMBE	ER: <u>P1700009893</u>	6	
The enclosed Officer/Di	rector Resignation for	r a Corporatio	n and fee are submitted for filing
Please return all corresp	ondence concerning t	his matter to t	he following:
COREY E. L	EVINE		
(1)	Name of Person)		-
MARCUS & I	LEVINE, CP	A'S	
(Nam-	e of Firm/Company)		-
15300 S. JO	G ROAD, #2	208	
	(Address)		-
DELRAY BEA	ACH, FL 33	3446	_
(City/	State and Zip Code)		
For further information (concerning this matter	, please call:	
COREY E. LI	EVINE Person)	at (<u>561</u> (Area Cod	455-0360 e & Daytime Telephone Number)

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

Amendment Section Division of Corporations

TO:

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, KENNETH EPSTEII	, hereby resign as V.P.
'1	(Title)
of 3BM, INC.	
(Name o	f Corporation)
P17000098936	, a corporation organized under the laws of the State of
(Document Number, if known)	
FLORIDA	
V. (-	R11100

FILING FEE 1S \$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