

PI8000024320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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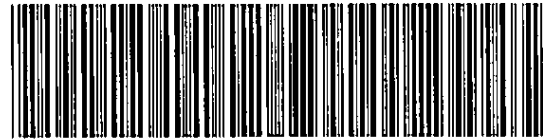
(Business Entity Name)

(Document Number)

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2021 MAY 28 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FL

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DETRAXI, INC.

(Name of Corporation)

DOCUMENT NUMBER: P18000024320

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES E. LARSON, ESQ.

(Name of Person)

(Name of Firm/Company)

1000 WHITLOCK AVE., SUITE 320, PBM 281

(Address)

MARIETTA, GEORGIA 30064

(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES E. LARSON, ESQ. at (678) 817-8570

(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

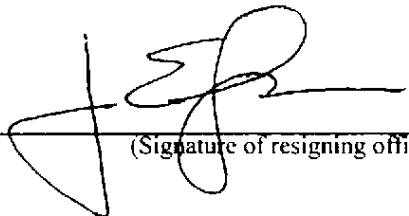
Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JAMES E. LARSON, hereby resign as VICE PRESIDENT & DIRECTOR
(Title)

of DETRAXI, INC.
(Name of Corporation)

P18000024320, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(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

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TALLAHASSEE, FL