P18 000 082167

(Re	questor's Name)	- 111
(Äd	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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09/27/22--01007--020 **35.00

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

100X Solutions Inc SUBJECT: (Name of Corporation) P18000082167 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: William X Carrion Fuentes (Name of Person) 100X Solutions Inc. (Name of Firm/Company) 3807 Blackberry Circle (Address) St Cloud, FL 34769 (City/State and Zip Code) For further information concerning this matter, please call: William X Carrion Fuentes 407 552-9642

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

(Name of Person)

Street Address:

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

(Area Code & Daytime Telephone Number)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Melanic Ortiz VP				
Ī,		, hereby resign as		
,			(Title)	
100X Solutions Inc				
of				
	(Name of Corpor	ration)	,	
(Downson Number is he	, a cor	poration organized unde	r the laws of the State of	
(Document Number, if kr Florida	own)			
	·			
$\underline{\mathcal{M}}$	ula 62	-		
	(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