

P190000 21555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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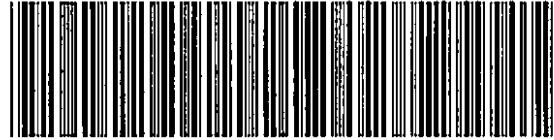
(Business Entity Name)

(Document Number)

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10/15/19--01014--008 \*\$35.00

19 OCT 15 PM 8:49  
STATE OF CO. PATRON

old Resignation


**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, LAZARO JESUS, hereby resign as DIRECTOR  
(Title)

of LIFE FOR HAIR BEAUTY LAB, INC.  
(Name of Corporation)

P19000021555, 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

19 OCT 15 AM 8:49  
FILING SECTION