P19000063645

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

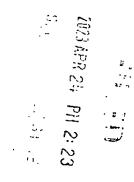
Office Use Only



400407308284

S. CHATHAM

94.724.723--01032--014 **35.00



TRANSMITTAL LETTER

SUBJECT: One Installation Inc. (Name of Corporation)
DOCUMENT NUMBER: \$1900063645
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jennifer Espelucio (Name of Person)
One Installation Inc. (Name of Firm/Company)
6851 SN 21 CT Ste 8 (Address)
Davie FL 33317 (City/State and Zip Code)
For further information concerning this matter, please call:
Jenoifer Espelucio at (786) 763-5144 (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: Street Address:

Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO: Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. Joe lozano	, hereby resign as	Vice Pi	(esident (Title)	
or <u>One Installation</u>	pration)			·
P1900063645 .a cor (Document Number, if known)	rporation organized und	er the laws of	the State of	
Florida .				
			S 202	900
(Signature	of resigning officer/directo	4-18-23	2023 APR 24 S :)))
		• ,	+ PH 2:	_
			: 23	* 35%

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314