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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
	Investments Corp. (Name of Corporation)	
DOCUMENT NUMBER: P20	0000018869	
The enclosed Officer/Director Resignat	tion for a Corporation and fee are submitted for	r filing.
Please return all correspondence concer	-	
Cristing Sofia Es	scobar	
(Name of Person)		
(Name of Firm/Compa	any)	
72 SW 132 CT. (Address)		
MI 9MI FL 3318 (City/State and Zip Co	<i>'</i> Y.	
(City/State and Zip Co	ode)	22
For further information concerning this	s matter, please call:	: 1
CU SUNO Escopar	at (766) 302 6 73. (Area Code & Daytime Telephone Nur	2023 APP 24
(Name of Person)	(Area Code & Daytime Telephone Nur	HIDCH
	ayable to the Florida Department of State.	P. 4: 22
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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Chorna	Sofi 9	EJCOBOT hereby resign as_	VΡ	
				(Title)	
of_		CRT4	IN OTMENTS. COPP me of Corporation)		- '
		_	me of Corporation)		
F	Document Numl		, a corporation organized und	er the laws of the State of	
	Florida				
			(Signature of resigning officer/director	or)	
				2023 KPR	ر. ا
			FILING FEE IS \$35.00	ate and mail to:	11 11 11 11 11 11 11 11 11 11 11 11 11
	Make	checks payab	le to Florida Department of St	ate and mail to: ් ූ ්	•

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