## P20000076395

| (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: |  |  |  |
|                                         |  |  |  |
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## TRANSMITTAL LETTER

| TO:     | Amendment Section<br>Division of Corporations |                                                         |           |
|---------|-----------------------------------------------|---------------------------------------------------------|-----------|
| SUBJE   | ect: <u>Axios</u>                             | (Name of Corporation)                                   |           |
| DOCU    | MENT NUMBER:                                  | P20000076395                                            |           |
|         |                                               | nation for a Corporation and fee are submitted fo       | or filing |
| Please  | return all correspondence con                 | cerning this matter to the following:                   |           |
|         | SEURGIOS BOU<br>(Name of Perso                | Lahanis                                                 |           |
|         | (Name of Firm/Con                             | mpany)                                                  |           |
|         | (Address)                                     | <del></del>                                             |           |
|         | (City/State and Zip                           | Code)                                                   |           |
| For fur | ther information concerning the               | his matter, please call:                                |           |
| GEO     | RGIOS Boulahan<br>(Name of Person)            | at (813) 629-8304<br>(Area Code & Daytime Telephone Num | mber)     |
| Enclose | ed is a check for \$35.00 made                | payable to the Florida Department of State.             |           |
|         | Mailing Address:                              | Street Address:                                         |           |

**Amendment Section** 

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO:

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

\*\*PROPRIETOR AND TORY OF THE TORY OF THE PROPRESSION OF TH

## 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