P20000095446

(Re	questor's Name)
(Ad	dress)	-
(Add	dress)	
(Cit	y/State/Zip/Phor	ne #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Na	me)
(Dod	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to F	Filing Officer:	
		J. HORNE MAY - 1 2024

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04/15/24--01001--007 **35.00



TRANSMITTAL LETTER

Division of Corporations		
BRECCIA CORP. SUBJECT:		
SUBJECT:	(Name of Corporation)	
DOCUMENT NUMBER: EIN 86-119461	17	
	n for a Corporation and fee are submitted for fili	
Please return all correspondence concernir	ng this matter to the following:	
HENRIQUE ROJAS		
(Name of Person)		
BRECCIA CORP.		
(Name of Firm/Company))	
9631 NW 45 STREET		
(Address)		
MIAMI, FL, 33178		
(City/State and Zip Code))	
For further information concerning this ma	atter, please call:	
HENRIQUE ROJAS	at (305 608-8129 (Area Code & Daytime Telephone Number	
(Name of Person)	(Area Code & Daytime Telephone Number	
Enclosed is a check for \$35.00 made paya	ble to the Florida Department of State.	
Mailing Address: Amendment Section	Street Address: Amendment Section	
Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

2024 APR 15 PH 12: 31

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

HENRIQUE ROJAS	PRESIDENT , hereby resign as	
1,	(Title)	
OI RRECCIA CORP.		
(Name	of Corporation)	
EIN 86-1194617 (Document Number, if known)	_, a corporation organized under the laws of the State of	
FLORIDA		
(\$	ignature of retigning 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