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(Re	equestor's Name)	
(Ac	ddress)	
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(Ac	ldress)	
(Ci	ty/State/Zip/Phone #)	
	,	
PICK-UP	WAIT	MAIL
(Bı	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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TRANSME: AL LETTER ...

Division of Corporations		
SUBJECT: DST US INC		
(Nav	ne of Corporation)	
DOCUMENT NUMBER: P210000352793		
The enclosed Officer/Director Resignation for a	Corporation and fee are submitted for filing	
Please return all correspondence concerning this	matter to the following:	
ODED KUPTCHIK		
(Name of Person)		
(Name of Firm/Company)		
3605 BROKENWOODS DRIVE		
(Address)	·····	
CORAL SPRINGS, FL 33065		
(City/State and Zip Code)	4 1 1	
For further information concerning this matter, p	lease call:	
ODED KUPTCHIK	754 777-8696	
(Name of Person)	754 777-8696 (Area Code & Daytime Telephone Number)	
Enclosed is a check for \$35.00 made payable to t	he Florida Department of State.	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

CHAIM BEN LEVY	, hereby resign as	SECRETARY		
		(Title)		
DST US INC			 ,	
(Nair	ne of Comporation)			
P21000052793 (Documen: Number, if known)	, a corporation organized unde	r the laws of the State of		
FLORIDA				
	Mild		2021	***
	(Signature of resigning officer/director		2021 JUN 29 AH 10: 1,7	777. 13 19
	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