722000007808

(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:		
J. HORNE		
JUL 1 2 2022		

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TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUBJ	Resignation of Officer (Name of Corporation)
DOC	UMENT NUMBER: P22000007808
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
We	endy Andriotis
	(Name of Person)
Ма	king Waves Pools Inc.
	(Name of Firm/Company)
29	San Pablo Cir N
	(Address)
Jac	ksonville Beach, FL 32250
	(City/State and Zip Code)
For fu	orther information concerning this matter, please call:
Gre	eg Andriotis (Name of Person) at (904)866-0415 (Area Code & Daytime Telephone Number)
•	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amen Divisi P.O. E	ng Address: dment Section on of Corporations Box 6327 assee, FL 32314 Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, Gregory Andriotis	, hereby resign as 1st Vice President	
Officer's Address: 29 San Pab	lo Circle N. Atlantic Beach, FL 32250 (Title)	
of Making Waves Pool	s Inc.	
	e of Corporation)	
P22000007808	, a corporation organized under the laws of the State of	
(Document Number, if known)	CRE T	
Florida	NSS SAN TO THE STATE OF THE STA	
- Ary	(Signature of resigning 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