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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

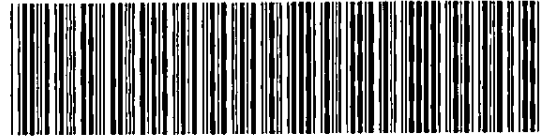
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Restoration Pro Labor ^{Inc} ~~dba Orlando Restoration Pro~~ ^{NTP 2/16/24}
(Name of Corporation)

DOCUMENT NUMBER: _____

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Antonia V Evangelista
(Name of Person)

Restore Tech Labor USA
(Name of Firm/Company)

1303 Browning Ave
(Address)

Orlando, FL 32809
(City/State and Zip Code)

For further information concerning this matter, please call:

Antonia Evangelista at (407) 591-0899
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

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

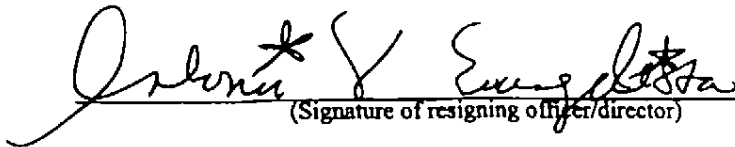
Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Antonra V. Evangelista, hereby resign as Title officer
(Title)
of Restoration Pro Labor Inc ~~Abra Orlando Restoration Pro~~ ^{2/16/24}
(Name of Corporation)

_____, a corporation organized under the laws of the State of
(Document Number, if known)
Orlando, Florida


(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

2024 FEB 16 PM 5:06

FILED