P22000069207

(Re	questor's Name)
(Ad	dress)	
(Ad	dress)	
(,	
(0)	101 J 177 (D)	
(Cit	ry/State/Zip/Phor	ne #)
	☐ WAIT	MAIL
FICK-OP	☐ WAY!!	L WAIL
(Bu	siness Entity Na	ime)
(Do	cument Number	r)
Certified Copies	Certificate	es of Status
		
Special Instructions to	Filing Officer:	
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Office Use Only



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10 H/4/2023

TRANSMITTAL LETTER

UBJECT: (Name of Corporation)			
DOCUMENT NUMBER: P2200006920	07		
The enclosed Officer/Director Resigna	ation for a Corpo	ration and fee are submitted	for filing
Please return all correspondence conce	erning this matter	to the following:	
Chaka Serrant	1		
(Name of Person)		
CapacityX Inc.			
(Name of Firm/Comp	pany)		
12972 Brookside Moss Drive			
(Address)			
Riverview, FL 33579			
(City/State and Zip C	Code)		
For further information concerning thi	s matter, please o	eall:	
Chaka Serrant	917	288-3579 Code & Daytime Telephone N	
(Name of Person)	(Area	Code & Daytime Telephone 1	Number)

Street Address:

Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tailahassee

2415 N. Monroe Street, Suite 810

CR2E044 (05/13)

Mailing Address:

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

TO: Amendment Section Division of Corporations

ULI Z 3 2022

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January 23, 2023

CHAKA SERRANT 12972 BROOKSIDE MOSS DRIVE RIVERVIEW, FL 33579

SUBJECT: CAPACITYX INC. Ref. Number: P22000069207

We have received your document for CAPACITYX INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 523A00001638

Claretha Golden Regulatory Specialist II

A THE STATE OF THE

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

2023 HAR 30 AM 7: 38

Omar Harris	Chief Executive Officer	
1,	Chief Executive Officer , hereby resign as (Title)	
CapacityX Inc of		
OI	(Name of Corporation)	
P22000069207 (Document Number, if kn	, a corporation organized under the laws of the State of	
Florida	·	
	Q-A	
	(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