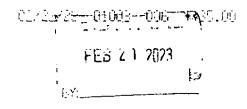
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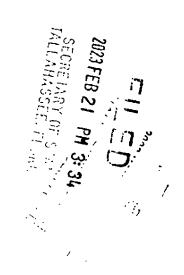
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
J. HORNE MAY - 8 2023							
MAY - 8 2023							

Office Use Only



600402888906





TRANSMITTAL LETTER

	endment Section ision of Corporation	ons				
SUBJECT	:	JN	D Y	IN C	officer	Resignation
DOCUME	NT NUMBER:_	P 22	2 0000	79844		
The enclose	ed Officer/Director	r Resignatio	on for a Coi	poration and fee	are submitted for	or filing.
Please retu	rn all corresponder	nce concern	ing this ma	tter to the follow	/ing:	
	JIAN		ING_			
	` .	of Person)				
	JNDY	1 NC				
	•	rm/Compan	• /			
333	21 TITA	NIC	CIR			
	(Ad	dress)		-		
MELL	BOURNE, (City/State)	FL and Zip Cod	3290. (e)	<u> </u>		
For further	information conce	ming this r	natter, plea	se call:		
JIA	(Name of Perso	VF on)	at (321 <u>50</u> rea Code & Dayt	5 – 16 2 8 Ime Telephone No	imber)

Mailing Address:

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

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

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

OFFICER / DIRECTOR RESIGNATION 3: 34 FOR A CORPORATION TALL AHASSEE TO SEE THE SECRETARY OF THE SECRETARY OF

I	ZHEN	YE	_, hereby resign as_	VICE	PRESIDEN
0		TNDY	INC		(Title)
of	070	(Name of Corpora	ition)		,
	22000 798 Document Number, if		oration organized unc	ler the laws	of the State of
<u>I</u>	LORIDA				
	· · · · · · · · · · · · · · · · · · ·	(Signature o	f resigning officer/director	or)	

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