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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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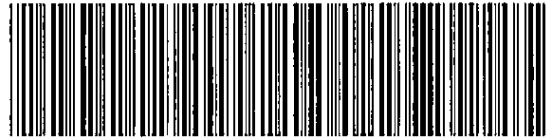
(Business Entity Name)

(Document Number)

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12/17/2023

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AXESO FINANCE USA, CORP

(Name of Corporation)

DOCUMENT NUMBER: P23000071019

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

Please return all correspondence concerning this matter to the following:

Alan Chocron

(Name of Person)

AXESO FINANCE USA, CORP

(Name of Firm/Company)

19419 PRESIDENTIAL WAY

(Address)

NORTH MIAMI BEACH, FL 33179

(City/State and Zip Code)

For further information concerning this matter, please call:

Alan Chocron

(Name of Person)

at (786) 2014524

(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:

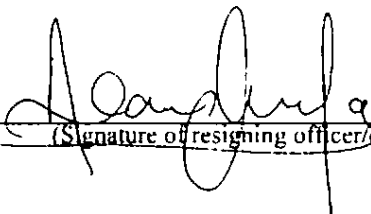
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Alan Chocron, hereby resign as VP
(Title)

of AXESO FINANCE USA, CORP
(Name of Corporation)

P23000071019, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

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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