Requester's Name OI JUL -6 PM 2: 10 Address City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

(Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in ☐ Pick up time Certified Copy Mail out ☐ Will wait ☐ Photocopy Certificate of Status NEW FILINGS **AMENDMENTS** Profit Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Other Merger **OTHER FILINGS** REGISTRATION/QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other

CR2E031(7/97)

Examiner's Initials

OI JUL -6 PH 2: 10

CHE MANY OF STATE
TALLAHASSEE. FLORIDA

OFFICER / DIRECTOR RESIGNATION

| I, Jawes S. Tointor III, hereby resign as ID. (Title) |
|--|
| of Exclusi Vacahons, Inc (FEI#650475453) |
| a corporation organized under the laws of the State of |
| and affirm that the corporation has been notified in writing of the resignation. |

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314