

| (Re                     | questor's Name)   |           |
|-------------------------|-------------------|-----------|
| (۵4)                    | dress)            | <b>.</b>  |
| (nu                     | uress)            |           |
| (Ad                     | ldress)           |           |
| (Cit                    | y/State/Zip/Phone | e #)      |
| PICK-UP                 |                   |           |
| (B)                     | siness Entity Nan | 29)       |
| . (50                   |                   |           |
| (Do                     | cument Number)    |           |
| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to | Filing Officer:   |           |
|                         |                   |           |
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|                         |                   |           |
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|                         | Office Use On     |           |



04/30/18--01009--006 \*\*35.00

## FILED 2018 APR 30 PH 3: 53 SECRETARY OF STATE TALLAHASSEE, FLORIDA

| TRANSMITTAL LETTER  |           |  |  |  |
|---|-----------|--|--|--|
| Amendment Section<br>Division of Corporations   |           |  |  |  |
| JECT: DINE OT PANCEL SERVICE CONF<br>(Name of Corporation)<br>CUMENT NUMBER: P9500003121    |           |  |  |  |
| CUMENT NUMBER: 49300003121  |           |  |  |  |
| enclosed Officer/Director Resignation for a Corporation and fee are submitted for           | · filing. |  |  |  |
| se return all correspondence concerning this matter to the following:                       |           |  |  |  |
| ENNIQUE BENEDEN<br>(Name of Person)   |           |  |  |  |
| EAOCSI INTERNIS TIONAL<br>(Name of Firm/Company)  |           |  |  |  |
| FOINW 46 ST<br>(Address)  |           |  |  |  |
| (City/State and Zip Code)   |           |  |  |  |
| urther information concerning this matter, please call:                                     |           |  |  |  |
| EWNIQUE BENEAR TI at (305) 499 90 94<br>(Name of Person) (Area Code & Daytime Telephone Nun | nber)     |  |  |  |

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

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Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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| I, HENNIQUE BENEDETTI, hereby resign as DINECTO   | )/       |             |     |
|---|----------|-------------|-----|
| · · · · · · · · · · · · · · · · · · ·   | Title)   |             |     |
| ofDIRECT PARCEL SERVICE, CORP.  |          |             |     |
| (Name of Corporation)   |          |             |     |
| <u>P9500003121</u> , a corporation organized under the laws of the laws | ie State | of          |     |
| FLONIDS   | TACE     | 201         |     |
| 1   | CRETAF   | 2018 APR 30 | FIL |
|   | E FL     | РĦ          | LED |
| (Signature of resigning officer/director)   | ~~~      | မှု<br>53   |     |

## 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