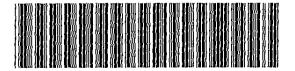
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(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
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Certified Copies	Certificate	s of Status
Special Instructions to I	Filling Officer:	
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Office Use Only



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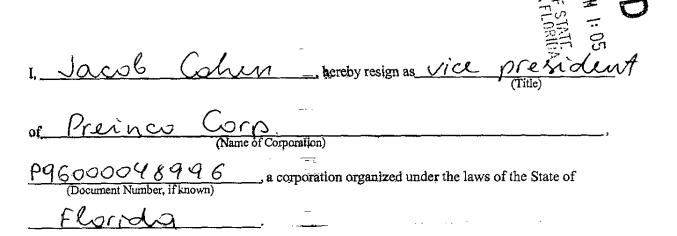
SECRETARY OF STATE TALLAHASSEEL FLACTOR

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Preinco Corporation) (Name of Corporation)
DOCUMENT NUMBER: P 96 0000 48996
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Jacob Cohun (Name of Person)
Preinco Coro. (Name of Firm/Company)
18506 NE 5AVR = (Address)
N. Miami Beach Fl 33179 (City/State and Zip Code)
For further information concerning this matter, please call:
Paul Reiner at (305) 652-22 44 (Name of Person) at (305) 652-22 44 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



(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