Requester's Name Office Use Only COL CINETALISM & DUCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy Pick up time Walk in ☐ Will wait Photocopy Certificate of Status Mail out

NEW FILINGS	AMENDMENTS	
☐ Profit	Amendment	
☐ Not for Profit	Resignation o	
☐ Limited Liability	☐ Change of Re	

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☐ Amendment ******
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal

Merger

OTHER FILINGS

Domestication

☐ Other

Annual ReportFictitious Name

REGISTRATION/QUALIFICATION

□ Foreign□ Limited Partnership□ Reinstatement□ Trademark

Other

0/D Res 0/D Res

Examiner's Initials

OFFICER / DIRECTOR RESIGNATION

I, Charmaine Thang, hereby resign as U Programmer (Title)	- =	
of Braztvade Inc. (Name of Corporation)	, -	
a corporation organized under the laws of the State of $\frac{1}{\sqrt{2}}$	<u></u> ===:•	
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