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| (Re | questor's Name) | | _ |
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| (Ad | dress) | | - |
| (Ad | dress) | | _ |
| (Cit | y/State/Zip/Phon | e #) | - |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | siness Entity Nar | ne) | - |
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COVER LETTER

| | Amendment Section Division of Corporations |
|--|--|
| SUBJE | CCT: Joe D'Orazio, Inc. |
| | (Name of Corporation) |
| DOCU | MENT NUMBER:P97000030602 |
| The end | closed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please r | return all correspondence concerning this matter to the following: |
| Vince | nt LaGrasta |
| | (Name of Person) |
| Joe D | 'Orazio, Inc. |
| | (Name of Firm/Company) |
| 784 1 | 04th Avenue North |
| | (Address) |
| Naple | es, FL 34108 |
| | (City/State and Zip Code) |
| For furt | her information concerning this matter, please call: |
| Vincen | nt LaGrasta at (239) 216-2690 (Name of Person) (Area Code & Daytime Telephone Number) |
| | (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclose | ed is a check for \$35.00 made payable to the Florida Department of State. |
| Amenda Division Clifton 2661 Ex | Address: ment Section n of Corporations Building Recutive Center Circle ssee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, Giuseppe Candela | , hereby resign as MGR | |
|-----------------------------|--|--|
| <u> </u> | (Title) | |
| ofJoe D'Orazio, Inc. | , | |
| (Na | me of Corporation) | |
| (Document Number, if known) | , a corporation organized under the laws of the State of | |
| Florida | | |
| | (Signature of resigning officer/director) ALLAHORE 23 PM 12: 01 | |

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