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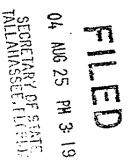
(Requestor's Name)
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PICK-UP WAIT MAIL
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Teleconex, Inc. (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Shai HarmelacH (President)
Teleconex Inc. (Name of Firm/Company)
4100 BARRONCAS AVE. (Address)
PENSA COLA, FL 32507 (City/State and Zip Code)
For further information concerning this matter, please call:
Shai Harme Act at (850) 455-8898 273 (Name of Person) (Area Code & Daytime Telephone Number)

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

TO:

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ı,	HRIS	5. WA	Itson, her	reby resign as	Vice	President	<u>_</u> .
of	Te	/ccone	y Inc				, <u>.</u>
	-34477C Document Number,) / if known)	a corporation	n organized unde	er the laws of t	he State of	
76					7	7A7	
		(h	Viz 9/9 (Signature of resign	ning officer/directo	r)	LLAHASSEE	
						# 3 T	J

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