## P97000/07773

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | ldress)            |             |
| (Ac                     | ldress)            |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | ısiness Entity Nan | ne)         |
| . (Do                   | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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## **COVER LETTER**

| TO: Amendment Section Division of Corporations   |
|--|
| SUBJECT: Power Spray, Corp. (Namle of Corporation)   |
| DOCUMENT NUMBER: P9700010773   |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing   |
| Please return all correspondence concerning this matter to the following:  |
| Cindy Amaro (Name of Person)   |
| (Name of Firm/Company)   |
| 1108 Dinsmore St<br>(Address)  |
| North Port FL 34288 (City/State and Zip Code)  |
| For further information concerning this matter, please call:   |
| Cindy Amoro at (305) 525-9407 (Area Code & Daytime Telephone Number)   |
| Enclosed is a check for \$35.00 made payable to the Florida Department of State.   |
| Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 |

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| , Noel Amo                             | ar()       | , hereby resign as        | Vice          | President<br>(Title)                                      | _ |
|--|------------|---------------------------|---------------|---|---|
| of Power                               | Spray. C   | OYD ,                     |               |   | , |
| P9700010773<br>(Document Number, if kn | , a cor    | poration organized u      | nder the laws | of the State of   |   |
| Florida                                |            |                           |               |   |   |
| ************************************** | (Signature | of resigning officer/dire | ctor)         | 06 JUL 25 AM 8: 29 SECRETARY OF STATE TALLAHASSEE, FLORII |   |

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