| Requester's Name Sold Blur Requester's Name Sold Blur Address Coconet Check 31 330 City/State/Zip Phone # | 2078659 1. #308 Office Use Only |
|---|--|
| CORPORATION NAME(S) & DOCUM | |
| COMI ORISTION TO THE CONTRACTOR OF THE CONTRACTOR | |
| 1. (Corporation Name) | (Document #) 8000031269287 -02/08/0001028019 |
| 2. (Corporation Name) | (Document #) *******35.00 |
| 3. (Corporation Name) | (Document #) |
| 4. (Corporation Name) | (Document #) |
| | ☐ Certified Copy |
| ☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait | ☐ Photocopy ☐ Certificate of Status |
| NEW FILINGS | AMENDMENTS |
| Profit Not for Profit Limited Liability Domestication Other | □ Amendment □ Resignation of R.A., Officer/Director □ Change of Registered Agent □ Dissolution/Withdrawal □ Merger |
| OTHER FILINGS | REGISTRATION/QUALIFICATION |
| Annual Report Fictitious Name | □ Foreign □ Limited Partnership □ Reinstatement □ Trademark □ Other V. SHEPARD CEB 16 2009 |
| | Examiner's Initials |

OO FEB-7 AM 11: 33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION

| I, ALBA M. HOFFMAN, hereby resign as SECRETARY. (Title) | |
|--|--|
| of HOLONOMIC RADIANCE INC. (Name of Corporation) | |
| a corporation organized under the laws of the State of FCORIDA | |
| and affirm that the corporation has been notified in writing of the resignation. | |
| (Signature of resigning officer/director) | |