

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1		
(Corporation Name)	(Document #)	
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☐ Walk in ☐ Pick up time _ ☐ Mail out ☐ Will wait	Photocopy	☐ Certified Copy ☐ Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A Change of Register Dissolution/Without	
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QI Foreign Limited Partnersh Reinstatement Trademark Other	DEC AHAS
		Examiner's Initials

CR2E031(7/97)

OFFICER / DIRECTOR RESIGNATION

I, MAIN LANKY, hereby resign as DIRECTOR (Title)	PM 12: 23
of OWNER'S 5x CHANGE INC (Name of Corporation)	
a corporation organized under the laws of the State of Florida	
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

CR2E044(9/98)