## PAROCOCO33/4 City/State/Zip #

Office Use Only

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

CR2E031(7/97)

| 1. (Corporation Name)                 | (Document #) 800088706383                                 |
|---------------------------------------|-----------------------------------------------------------|
| 2. (Corporation Name)                 | *****35.00 *****35.00  (Document #)                       |
| 3.                                    |                                                           |
| (Corporation Name)                    | (Document #)                                              |
| 4(Corporation Name)                   | (Document #)                                              |
| ☐ Walk in ☐ Pick up time              | Certified Copy                                            |
| ☐ Mail out ☐ Will wait                | Photocopy Certificate of Tatus                            |
| NEW FILINGS                           | AMENDMENTS -2 IL                                          |
| Profit Not for Profit                 | Famoutatione                                              |
| Limited Liability Domestication Other | Resignation of R.A., Officer/Director                     |
| OTHER FILINGS                         | REGISTRATION/QUALIFICATION                                |
| Annual Report Fictitious Name         | Foreign Limited Partnership Reinstatement Trademark Other |
|                                       | Evaminar's Initials                                       |

FILED

02 AUG -2 PM 3: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## OFFICER / DIRECTOR RESIGNATION

| I, Delna Cordingly, hereby resign as Vice President                              |
|----------------------------------------------------------------------------------|
| of Umbrella Raging Inc. (Name of Corporation)                                    |
| a corporation organized under the laws of the State of                           |
| and affirm that the corporation has been notified in writing of the resignation. |
| Signature of resigning office (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