P9900106089

(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status	_			
Special Instructions to Filing Officer:	1			





500032270925

04/26/04--01063--006 **43.75

04/26/04--01063--007 **8.75



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: DERON 3 GREOT CETTER C				
DOCUMENT NUMBER: P99000106089				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Diana Sloan (Name of Person)				
(Name of Person)				
(Name of Firm/ Company)				
9803 CRISTINA DRIVE (Address)				
River View, Fl. 335-69 (City/ State/ and Zip Code)				
For further information concerning this matter, please call:				
Di ANA Slood at (813) 299-5100 (Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
S35 Filing Fee Certificate of Status Certificate Copy (Additional copy is enclosed) Certificate Of Status Cert				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32319				

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, DIANA L-SlOAN	, hereby resign as	President/secher,
of DIRON SERVICES, I	:WC	,
(Document Number, if known), a corpor	ation organized unde	er the laws of the State of
FlorioA	·	4
Mara Z (Signature of	slocing officer/director	OH APR 26 PH 3: 46 SECRETARY OF STATE TALLAHASSEE. FLORID

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
Taliahassee, Florida 32314