Aidl City/State/	equester's Name  Dauly Dr  Address  Zip Phone #	325/2 325/2	45	
~~~~			Office Use Only	
CORPORATION	N NAME(S) & DOCU	MENT NUMBER(S), (i	f known):	
1	orporation Name)			-* 4-4
(C	orporation Name)	(Document #)		
2	orporation Name)	(Document #)	300003574 -01/25/010 ****192.50	6335 1061004 *****35.00
3(C	orporation Name)	(Document #)		
4(C	orporation Name)	(Document #)	<del>, , , , , , , , , , , , , , , , , , , </del>	ė ·
☐ Walk in	Pick up time	<u>-</u>	Certified Copy	
☐ Mail out	☐ Will wait	Photocopy	Certificate of Status	
NEW FILINGS  Profit Not for Prof Limited Lial Domestication Other  OTHER FILING Annual Repo Fictitious Na	it oility on GS	AMENDMENTS  Amendment Resignation of R Change of Regist Dissolution/With Merger  REGISTRATION/Q Foreign Limited Partnersl Reinstatement Trademark Other	OUALIFICATION E.FL	

Examiner's Initials 1-29-01

## OFFICER / DIRECTOR RESIGNATION

I, TANCE McDONALD, hereby resign as Sec Treasumen
of Technologies Inc (Name of Corporation)
a corporation organized under the laws of the State of Flore DA
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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314