## 574635

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: C. A.M. U. INC. (Name of Corporation)
DOCUMENT NUMBER: S 74635
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
William (Name of Person)
C.A.M. J. Inc. BRA: Prima Tite & Carpel  (Name of Firm/Company)
10114 S. Military Tr # 114
Roston Ballon 33434 (City/State and Zip/Code)
For further information concerning this matter, please call:
Sill au Del at (56) 734-1869 (Name of Person) at (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Janes B. Campbell, hereby resign as_	Pres	ndent	
		(Title)	
of C.A.M. J. T.C. (Name of Corporation)			
(Name of Corporation)			
(Document Number, if known) a corporation organized und	der the laws	of the State of	
Florida			
(Signature of resigning officer/direct	or)		
	i t	2019	
FILING FEE IS \$35.00	:	2019 JAN 22	
Make checks payable to Florida Department of St	tate and ma	ail to:	
Amendment Section Division of Corporations P.O. Box 6327		े हुन	

Tallahassee, Florida 32314