N14000009011

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RECREMINATION 23

TRANSMITTAL LETTER

SUBJECT: Resigning from I AM ADAPTIVE (Name of Corporation) DOCUMENT NUMBER: N14000009011 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ellyse Trethric (Name of Person) (Name of Firm/Company) 286 NE Granduer Ave (Address) Port Saint Lucie, FL 34983 (City/State and Zip Code) For further information concerning this matter, please call: Ellyse Trethric (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

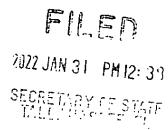
Tallahassee, FL 32303

Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



Ellyse Trethric	President, hereby resign as
1,	, hereby resign as(Title)
ofOAM ADAPTIVE; Inc.	
-	(Name of Corporation)
N14000009011 (Document Number, if kno	. a corporation organized under the laws of the State of
Florida	·
	(Signature of resigning officer/director)

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 Tallahassee, Florida 32314