379984

| (Re | questor's Name) | |
|-------------------------|-------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | · · #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations | | | * | | - |
|---|---|------------------------------|-------------|------------------|---|
| SUBJECT: The Peabody Comp | any (Name of Corpo | oration) | · | | · |
| DOCUMENT NUMBER: 3799 | | | | | e detect |
| The enclosed Officer/Director Resig | | on and fee are su | bmitted for | filing. | |
| Please return all correspondence con | ncerning this matter to t | the following: | | Ü | |
| Marika Tolz | | | | | |
| (Name of Pers | on) | <u></u> | 1 | - | i de en |
| The Peabody Company | | | | | |
| (Name of Firm/Co | mpany) | | • | . - . | •• |
| 2344 N. Federal Hwy. | | | | | |
| (Address) | | _ ′ | \$ | | · -• |
| Hollywood, FL 33020 | | | | | |
| (City/State and Zip | Code) | | .15 | ēπ | • |
| For further information concerning | this matter, please call: | | | | |
| Marika Tolz | at (954 | , 923-6536 | | | |
| (Name of Person) | (Area Co | 923-6536 de & Daytime Tel | ephone Nur | nber) | |
| Enclosed is a check for \$35.00 mad | e 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 Corporation 409 E. Gaines Street Tallahassee, FL 3239 | | | | |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, Marika Tolz | hereby resign as President | | | |
|-----------------------------|---|--|-------|--|
| -, | | (Title) | | |
| of_ The Peabody Company | | 7 | - | |
| (Name | e of Corporation) | | | |
| (Document Number, if known) | , a corporation organized under the laws | of the State of | | |
| Florida | · · · · · · · · · · · · · · · · · · · | | | |
| | Mauda (9) (Signature of resigning officer/director) | O4 MAY 19 PM 5: 47 SECRETARY OF STATE TALLAHASSEE, FLORIDA | FILED | |

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