## 733754

(Re	questor's Name)	
(Ad	dress)	<u></u>
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

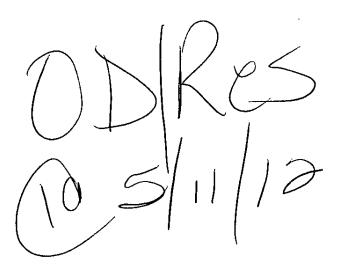
Office Use Only



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05/07/12--01023--007 \*\*35.00





## **COVER LETTER**

	nendment Section vision of Corporations
SUBJECT	r: Nathan B Stubblefield Foundation
	(Name of Corporation)
DOCUMI	ENT NUMBER: 733754
The enclos	sed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please retu	irn all correspondence concerning this matter to the following:
Mercede	es Skelton
	(Name of Person)
Nathan f	3 Stubblefield Foundation
	(Name of Firm/Company)
1210 E.	MLK Jr. Blvd
	(Address)
Tampa,	FI 33603
	(City/State and Zip Code)
For further	information concerning this matter, please call:
Mercedes	at ( ) 200 000 1
<del></del>	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is	s a check for \$35.00 made payable to the Florida Department of State.
Street Add Amendmer Division of Clifton Bui 2661 Exect Tallahassee	Mailing Address:  Amendment Section  f Corporations  ilding  Post Office Box 6327  utive Center Circle  F. FL. 32301  Mailing Address:  Amendment Section  Division of Corporations  Post Office Box 6327  Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Todd Bray	, hereby resign as	Treasurer
		(Title)
Nathan B Stubblefield Fo	oundation \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
733754 (Document Number, if known)	a corporation organized un	der the laws of the State of
Florida	·	
		9
	(Signature of resigning officer/direct	tor)

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314