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Requester's Name	DO MAY 22 PH 1: 13
'	Office Use Only
CODDODATION NAME(C) & DOCUMENT NUM	(DED/S) (if known).

(Corporation Name) 2. (Corporation Name)	(Document #) 500032624756 -05/22/0001147001 *****70.00 ******35.00 (Document #)
3. (Corporation Name)	(Document #)
4	Certified Copy Photocopy Certificate of Status AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION Foreign
☐ Fictitious Name	☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other

Examiner's Initials



Florida Department of State, Jim Smith, Secretary of State

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

STATE OF FLORIDA COUNTY OF VOLUSIA	
l, GLENNA K. PIERSON after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:	-
I, GLENNA K. PIERSON hereby resign as PRESIDENT of (Title)	. 2 ⁵
PIERSON & PIERSON, INC. , a Florida corporation;	
(Name of Corporation)	**
That the corporation has been notified in writing of the resignation.	٠. ٠
Signature of resigning officer/director	F -
Sworn to and subscribed before me this 18th day of MAY, 2000	·
My Commission Expires: 10/17/2001 My Commission Expires: 10/17/2001	ع - بو

FILING FEE IS \$35.00