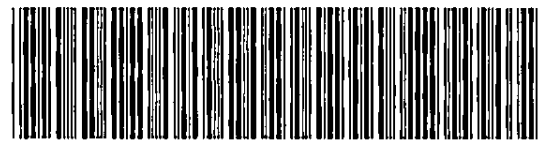


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I ALBRITTON

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SAVE BARDMOOR, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** N19000002658

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PHILLIP DAY  
(Name of Person)

(Name of Firm/Company)

10801 STARKEY RD., STE. 104-245  
(Address)

SEMINOLE, FLORIDA 33777  
(City/State and Zip Code)

For further information concerning this matter, please call:

PHILLIP DAY at ( 727 ) 475-2591  
(Name of Person) (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

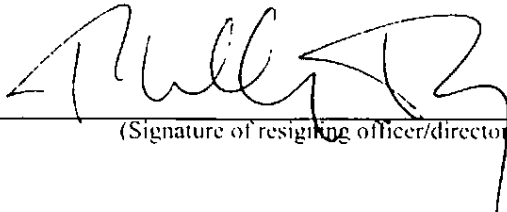
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, PHILLIP DAY, hereby resign as DIRECTOR  
(Title)

of SAVE BARDMOOR, INC.  
(Name of Corporation)

N19000002658, a corporation organized under the laws of the State of  
(Document Number, if known)

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

2019 JUN 13 3 11 PM '19