## P03000022133

(Re	questor's Name)	
(Ad	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	<b>⇒</b> #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
		1
!		

Office Use Only



200025501662

12/17/03--01039--006 \*\*35.00



12/24/de

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Changing Scenes Inc. (Name of Corporation)
DOCUMENT NUMBER: <u>P6300027133</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LINDA L. BOGARD (Name of Person)
Changing Scenes, Inc (Name of Firm/Company)
427 N Rossett, Dr (Address)
No Kom 15 FL 34275 (City/State and Zip Code)
For further information concerning this matter, please call:
Linda L Bogard at (941) 918-1128 (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

TO:

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

					į	·
ı, <i>Lu</i>	nda L Bogaro	/	hereby resi	ign as Direc	Av (Title)	一下 4
of	Changine (Nam	Scare:	<u> </u>	n C		
PC	30002213	3 a corpora	tion organi	zed under the	laws of the St	ate of
F	LORIDA	•	ి లే-			
	$\varphi$	, 0	R	$\Omega$		

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