P05000060319

Eagle Insurance II
(Requestor's Name)

390 N.E. 167th Street
(Address)

N. Miami, Fla 33162
(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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TALLAHASSEE, FLORIDA

I, Trace Allan Cox, hereby resign as President
(Title)

of Eagle Insurance of South Miami, Inc.
(Name of Corporation),

P05000060319
(Document Number, if known), a corporation organized under the laws of the State of Florida.

Trace Cox
(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