

014429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Spoke w/ Judge Layton on 8/24/20  
for approval to Add "ST" to  
title of officer/Director.

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Office Use Only



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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** RESIGNATION OF DIRECTOR  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** 014429  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

JUDI LAYLAND  
\_\_\_\_\_  
(Name of Person)

DAWKINS, INC.  
\_\_\_\_\_  
(Name of Firm/Company)

1325 W. BEAVER STREET  
\_\_\_\_\_  
(Address)

JACKSONVILLE, FL 32209  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

JUDI LAYLAND at (904) 350-6600  
\_\_\_\_\_  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, D. CLINTON DAWKINS, III, hereby resign as DIRECTOR/CEO, ST  
(Title)

of DAWKINS, INC.  
(Name of Corporation)

014429, 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

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