

619319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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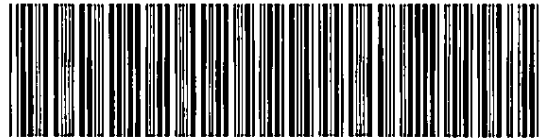
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Adams Funeral Home, Inc

(Name of Corporation)

DOCUMENT NUMBER: 619319

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 Adams

(Name of Person)

Adams Funeral Home, Inc

(Name of Firm/Company)

PO Box 336

(Address)

Blountstown, FL 32424

(City/State and Zip Code)

For further information concerning this matter, please call:

Tim Adams

(Name of Person)

at (850) 674-5449

(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, Linda Adams, hereby resign as Vice Pres
(Title)

of Adams Funeral Home, Inc
(Name of Corporation)

619319, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Linda W Adams
(Signature of resigning officer/director)

FILED
19 NOV - 8 AM 9:43
STATE OF FLORIDA
TALLAHASSEE

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