

632666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

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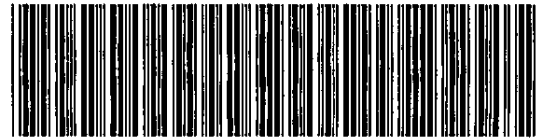
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JONES OPTICIANS, Incorporated  
(Name of Corporation)

**DOCUMENT NUMBER:** 632666

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

Please return all correspondence concerning this matter to the following:

Joseph W. Hansen  
(Name of Person)

Jones Opticians dba Optical Services  
(Name of Firm/Company)

1901 S. Osprey Ave  
(Address)

Sarasota, FL 34239  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joe Hansen at (941) 366-7866  
(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, William V. Jones, hereby resign as Owner / PTD  
(Title)  
of Jones Opticians, Incorporated  
(Name of Corporation)

632666, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida.

  
(Signature of resigning officer/director)

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2016 OCT 11 AM 8:54  
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TALLAHASSEE, FLORIDA

**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