

(Re	questor's Name)		
(Ad	dress)		
(Ad	ldress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	me)	
(Do	cument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
		:	

Office Use Only



100384923351

74 54 11 40.1 0 6 6 **15.00

2022 APR -4 AM 9: 06
SECTION ALSEE FI

C6 4/19/22

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: PROACTIVE TRAINING TECHN	SOLOGIES FL. INC.	
	(Name of Corporation)	
DOCUMENT NUMBER: F14000003875		
The enclosed Officer/Director Resignation	n for a Corporation and fee are submitted for filing	
Please return all correspondence concerning	ng this matter to the following:	
Lynn Walker		
(Name of Person)		
PROACTIVE TECHNOLGIES, INC.		
(Name of Firm/Company)	
5712 DOT COM COURT		
(Address)		
OVIEDO, FL 32765		
(City/State and Zip Code)		
For further information concerning this ma	atter, please call:	
LYNN WALKER	at (407 604-5632 (Area Code & Daytime Telephone Number)	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for \$35.00 made paya	ble to the Florida Department of State.	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

FILED

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

2022 APR -4 AM 9: 06

SEU. TALL: 1 OSEE, FL

Richard STockton	Control of the contro	COO , hereby resign as	
`		(Title)	
PROACTIVE TRAINING T			
	(Name of Corporation)		
(Document Number, if known	, a corporation organized und	ler the laws of the State of	
'A			
	Rollon		
	1 010 CIST 001	·	
	(Signature of resigning officer/director	or)	

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