

F17 000000092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

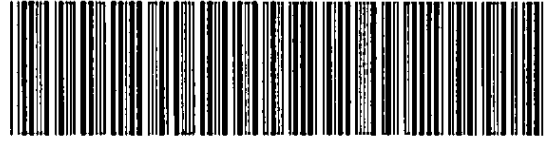
(Business Entity Name)

(Document Number)

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2020 AUG 27 AM 9:54  
SECRETARY OF STATE  
TALLAHASSEE, FL

JA 10/12/20

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BullBag Corporation  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** ~~BB2054FL~~ F1700000092  
\_\_\_\_\_

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Victoria Jacobs  
\_\_\_\_\_  
(Name of Person)

BullBag Corporation  
\_\_\_\_\_  
(Name of Firm/Company)

3416 Lawson Blvd  
\_\_\_\_\_  
(Address)

Delray Beach, FL 33445  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Victoria Jacobs at ( 203 ) 848-8505  
\_\_\_\_\_  
(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

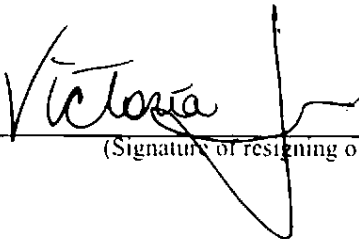
**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Victoria Jacobs, hereby resign as Chief Administrative Officer  
(Title)

of BullBag Corporation  
(Name of Corporation)

~~#02051~~ FL F17000000092, a corporation organized under the laws of the State of  
(Document Number, if known)  
Delaware

  
(Signature of resigning officer/director)

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TALLAHASSEE, FL

**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