F23000002139

(Requestor's Name) (Address)
(Address)
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(City/State/Zip/Phone #)
(Sty) State/Elph Holle #y
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
0 Resign

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

Primesay, Inc. SUBJECT:		
SOBJECT	(Name of Co	rporation)
DOCUMENT NUMBER: F23000002139		<u> </u>
The enclosed Officer/Director Resignation	for a Corpora	ation and fee are submitted for filing
Please return all correspondence concerning	g this matter	to the following:
Stephanie M. Jason		
(Name of Person)		
Primesay, Inc.		
(Name of Firm/Company)		
10752 Deerwood Park Blvd. Suite 100		
(Address)		
Jacksonville, Fl. 32256		
(City/State and Zip Code)		
For further information concerning this mat	tter, please ca	all:
Stephanie M. Jason	904 at (226-7413
(Name of Person)	- ar (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

Stephanie M. Jason I.	President, CEO, Treasurer, Secretary, hereby resign as			
-,	(1	Fitle)		
Primesay, Inc.				
()	Name of Corporation)	<u> </u>		
F23000002139	, a corporation organized under the laws of th	e State of		
(Document Number, if known)				
Delaware.				
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	Alma)	77		
	(Signature of resigning afficer/director)	7:		
		52		
	10/5/23			

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