

F230000002432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

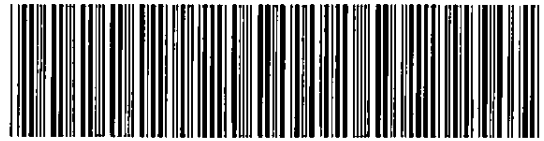
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000417509930

10/19/23--01014--006 *35.60

FILED
2023 OCT 19 PM 7:02
SEC. OF STATE
TALLAHASSEE, FL

A. D. C. R.
OCT 30 2023

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SHIPGLIDE INC.

(Name of Corporation)

DOCUMENT NUMBER: F23000002432

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

Please return all correspondence concerning this matter to the following:

Josiah Coates

(Name of Person)

SHIPGLIDE, INC

(Name of Firm/Company)

2550 Eisenhower Boulevard, Suite 8 The Amman Building, Port Everglades

(Address)

Fort Lauderdale, FL 33316

(City/State and Zip Code)

For further information concerning this matter, please call:

Josiah Coates at (954) 745.9430

(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, John Dixon, hereby resign as CEO/President
(Title)

of SHIPGLIDE, INC
(Name of Corporation)

F23000002432, a corporation organized under the laws of the State of
(Document Number, if known)
DELAWARE


(Signature of resigning officer/director)

FILED
2023 OCT 19 PM 7:02
SECRETARY OF STATE
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