

N010000003430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

JUN 29 2015

C McNAIR

Barbara Henkhaus

555 Preston Road
Longwood, FL 32750

Ph: 407-830-0778

E-Mail: henkhausb@aol.com

Fax: 407-830-0350

June 15, 2015

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

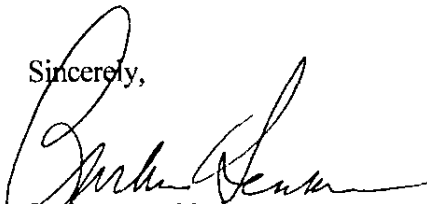
Re: Officer/Director Resignation

To whom it may concern:

Please find enclosed an Officer/Director Resignation form and a check in the amount of \$35.00 to process the removal of my name as President for Place of Comfort, Inc., Document number N01000003430.

If you have any questions, concerns or there is any information that I should be aware of regarding this matter please contact me at 407-830-0778.

Sincerely,



Barbara Henkhaus

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Place of Comfort, Inc
(Name of Corporation)

DOCUMENT NUMBER: N01000003430

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

Please return all correspondence concerning this matter to the following:

Barbara Henkhaus

(Name of Person)

(Name of Firm/Company)

555 Preston Road

(Address)

Longwood, FL 32750

(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Henkhaus

(Name of Person)

at (407) 830-0778

(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

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TALLAHASSEE, FLORIDA

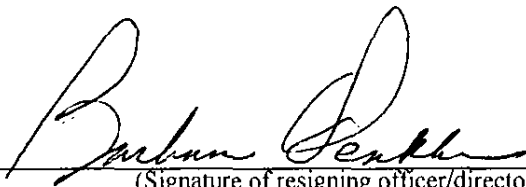
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Barbara Henkhaus, hereby resign as President
(Title)

of Place of Comfort, Inc.
(Name of Corporation)

N01000003430, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

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

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