

N03000007055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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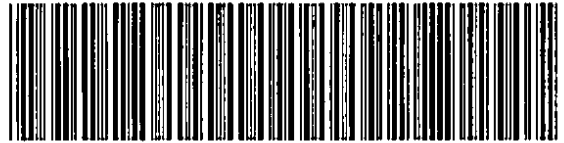
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: THE MILITARY MUSEUM OF NORTH FLORIDA  
(Name of Corporation)

DOCUMENT NUMBER: FEI # 51-0478522

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

WILLIAM C. SCOTT JR.  
(Name of Person)

THE MILITARY MUSEUM OF NORTH FLORIDA  
(Name of Firm/Company)

1 BUNKER AVE  
(Address)

GREEN COVE SPRINGS FL. 32043  
(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM C. SCOTT JR at (904) 505-1563  
(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

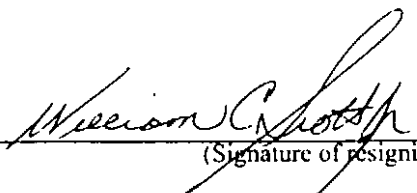
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, WILLIAM C. SCOTT JR., hereby resign as Director  
(Title)

of MILITARY MUSEUM, INC.  
(Name of Corporation)

51-0478522, 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

**FILED**  
2021 MAY 10 PM 5:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA