· NOS00004288

(Requestor's Name)	
(Address)	
(.	Address)	
(City/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Nam	ne)
(Document Number)	
Certified Coples	Certificates	of Status
Special Instructions	to Filing Officer:	
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COVER LETTER

Division of Corporations
SUBJECT: Improv Jackson Ville Comedy Theatre Inc.
DOCUMENT NUMBER: NO50000 0 4288
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
John Bugn (Name of Person)
Important enville Comed Theatre, Inc.
2. E. Independent Drive, #106
Jacksonville FL 32-02 (City/State and Zip Code)
For further information concerning this matter, please call:
John Boun at (904) 247-4707 (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Amendment Section

TO:

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Aimeé Beyle hereby resign as Evecut	ive Director
of Improviacksonville Comedy Theatre. (Name of Corporation)	Inc.,
ND5 0000 4288 , a corporation organized under the laws (Document Number, if known)	of the State of
Florida	
(Signature of resigning officer/director)	06 FEB 15 PM 3: 05 TALLAHASSEE, FLORIDA

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