## MOGUNCY

(Requestor's Name)	
(Address)	600245143
(Address)	
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## TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations		
	ECT: Npact Florida	(Name of Corpor	ration)
DOC	UMENT NUMBER: N090	00006364	
The er	nclosed Officer/Director Resig	gnation for a Corporation	n and fee are submitted for filing.
Please	return all correspondence con	ncerning this matter to the	ne following:
Tor	mmie J. Hall		
	(Name of Pers	on)	<del>-</del>
	(Name of Firm/Co	ompany)	-
651	13 Haslett Dr. N		
	(Address)		-
Jac	ksonville, Fl 322	277	
	(City/State and Zi	p Code)	-
For fu	orther information concerning	this matter, please call:	
Tor	mmie Hall	<sub>at</sub> 904	744-8214 e & Daytime Telephone Number)
	(Name of Person)	(Area Cod	e & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 mad	e payable to the Florida	Department of State.
Amen Divisi P.O. E	ng Address: dment Section on of Corporations Box 6327 hassee, FL 32314	Street Address: Amendment Section Division of Corporatio 409 E. Gaines Street Tallahassee, FL 3239	

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

<sub>I,</sub> Tommie J Hall	, hereby resign as SD
	(Title)
of Npact Florida, Inc.	
· ·	ne of Corporation)
N0900006364	, a corporation organized under the laws of the State of
(Document Number, if known) Florida	·
	$m{\widetilde{A}}'_{G}$
1	13 FE 27 A Joyall 2-20-201388
Annie	Odell $2-20-2013$ (Signature of resigning officer/director)
<del></del>	(Manature 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