

N100000005209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

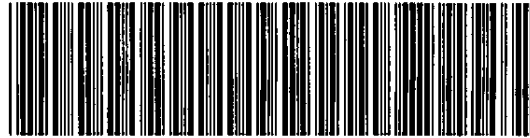
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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I ALBRITTON

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Transform Jacksonville and NE Florida, Inc.

(Name of Corporation)

DOCUMENT NUMBER: N10000005209

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

Please return all correspondence concerning this matter to the following:

Jim Whorton

(Name of Person)

Transform Jacksonville and NE Florida, Inc.

(Name of Firm/Company)

5215 River Park Villas Drive

(Address)

St Augustine, FL 32092

(City/State and Zip Code)

For further information concerning this matter, please call:

Jim Whorton

(Name of Person)

at (904) 531-0007

(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

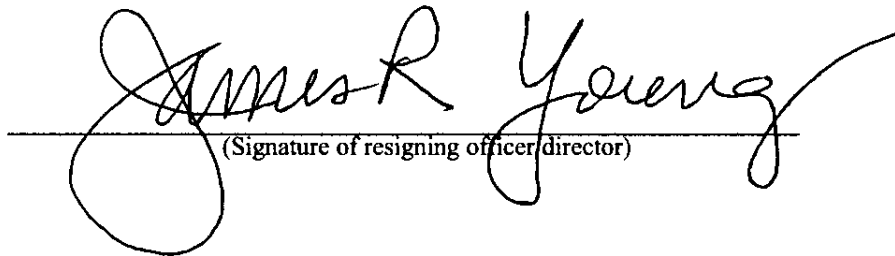
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, James Young, hereby resign as President/Director
(Title)

of Transform Jacksonville and NE Florida, Inc.
(Name of Corporation)

N10000005209, 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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