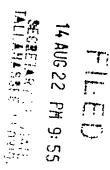
NI-1000002980

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phone	ə #)
PICK-UP	WAIT	MAIL
(Ви	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		·
*	Office Use On	lv



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COVER LETTER

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

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

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	P. DALE	Boyd	, hereby	resign as	RECTOR / PRES	ident
of	TREASUR	E Coast (Name of	Youth Corporation)	Baseball	Inc.	<u></u> ,
_/	/// <i>0000</i> // (Document Numb	er, if known)	a corporation org	anized under the lav	vs of the State of	
	FloRIDA	·				
			,			
) (Sig	nature of resigning o	officer/director)	4 AUG 22	
					2 PH 9:	

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