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Account Name : DAVIS, SCHNITKER, REEVES & BROWNING, P.A.

Account Number : 119980000057

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COR AMND/RESTATE/CORRECT OR O/D RESIGN HONEY LAKE WELLNESS, INC.

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Help

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations HONEY LAKE WELLNESS, INC. SUBJECT: (Name of Corporation) DOCUMENT NUMBER: N12000009359 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KJM NACHTWEY (Name of Person) HONEY LAKE WELNESS, INC. (Name of Firm/Company) 13639 ALLAMANDA CIRCLE (Address) PORT CHARLOTTE, FLORIDA 33981 (City/State and Zip Code) For further information concerning this matter, please call: KIMBERLY NACHTWEY (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address: Mailing Address: Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

STOVALL WEEMS	CHAIRMAN AND DIRECTOR , hereby resign 88 (Title)		
HONEY LAKE WELLNESS, INC.	ime of Corporation)	_,	
N12000009359 (Document Number, if known)	, a corporation organized under the laws of the State of		
PLORIDA	·		
((Signature of resigning officer/director)	2020 SEP 18 B	1 1
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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