

N13000005673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600295287616

03/22/17--01014--008 **35.00

FILED
2017 MAR 22 PM 1:05
SECRETARY OF STATE
TAMAHASSEE, FLORIDA

3/24/17

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IMPOWER PROJECT, INC
(Name of Corporation)

DOCUMENT NUMBER: N13000005673

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

Please return all correspondence concerning this matter to the following:

LOVA M PATTERSON
(Name of Person)

IMPOWER PROJECT, INC
(Name of Firm/Company)

2135 2ND AVE N
(Address)

ST PETERSBURG, FL 33713
(City/State and Zip Code)

For further information concerning this matter, please call:

LOVA M PATTERSON at (941) 526-5283
(Name of Person) (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

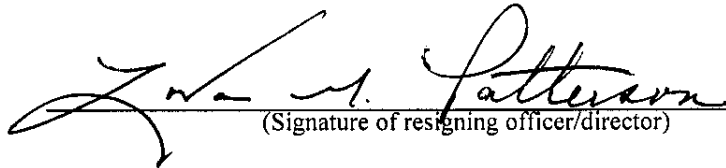
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, LOVA M PATTERSON, hereby resign as ASST. VICE PRESIDENT
(Title)

of IMPOWER PROJECT, INC
(Name of Corporation)

N13000005673, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
2017 MAR 22 PM 1:05
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