N13000007569

(Requestor's Name)
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(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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TRANSMITTAL LETTER

Amendment Section TO: **Division of Corporations**

SUBJECT:

DOCUMENT NUMBER:

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

Please return all correspondence concerning this matter to the following:

(Name of Person)

N/A-(Name of Firm/Company)

505 F STREET (Address)

STAUGUSTINE FL 32080 (City/State and Zip Code)

For further information concerning this matter, please call:

JASON CODY (Name of Person) at (<u>904</u>)797 ZZ97 (Area Code & Davtime 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

UASON CODY _____, hereby resign as _____ OFFICER______(Title) I, PROJECT PINBALL CHARITY GROUP, INC (Name of Corporation) of **NI300007569** a corporation organized under the laws of the State of (Document Number, if known) FLORIDA ar (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