## N14000003471

(Re	questor's Name)	
(Address)		
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

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## TRANSMITTAL LETTER

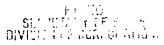
TO: Amendment Section Division of Corporations

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



15 NOV 10 PM 1: 12

<sub>ı,</sub> Juan Hincapie	, hereby resign as Vicei President
	(Title)
of 305 Horse Buddies, Ir	nc.
(Name of Co	orporation)
N1400003471, a (Document Number, if known)	corporation organized under the laws of the State of
Florida	
(Signa	ture of resigning officer/director)
(Signa	uic or resigning officer/uffector)

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