

(Re	equestor's Name)	
(Address)		
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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TRANSMITTAL*LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Source Cocle By Foundation Resignation
DOCUMENT NUMBER: N1400000 9654
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Charles R. Hartshorne (Name of Person)
Source Code By G Foundation (Name of Firm/Company)
(Address) Ave
Orlando FL 32801 (City/State and Zip Code)

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

For further information concerning this matter, please call:

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

(Name of Person) at (780) 621-9806 (Area Code & Daytime Telephone Number)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. Charles R. Hartshorne hereby	v resign as Secretary (director
of Source Code By 6 (Name of Corporation)	Foundation.
(Document Number, if known) a corporation or	ganized under the laws of the State of
Florida	
00001010	77

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