## N15000001599

(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:	
	ŀ
	Ì

Office Use Only



100330192991

86/18/19--81828--018 ★★185.86

2019 JUN 10 PM 2:02 SECRE FAIR SEE SEATE

MM J Y JOB

## TRANSMITTAL LETTER

SUBJECT: Support the arts Foundation Inc

(Name of Corporation)

DOCUMENT NUMBER: N15000001599

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

James Newman

(Name of Person)

Support the arts foundation Inc

(Name of Firm/Company)

PO Box 762

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

Odessa, FI 33556

Amendment Section

**Division of Corporations** 

TO:

James Newman at (813) 892-0683 (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

James Newman	. hereby resign as Pres	_, hereby resign as President (Title)	
.,	, no.007 100 g.1 uo		
<sub>of</sub> Support the arts fo	undation Inc		
(Nam	e of Corporation)		
N15000001599	, a corporation organized under the	laws of the State of	
(Document Number, if known) Florida			
	(Signature of resigning officer/director)	ZOID JUN TO PM 2: C SECIOLIANASSEE. FL	

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