

N150000 10934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

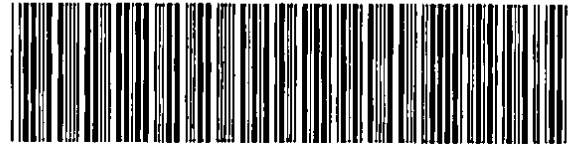
(Business Entity Name)

(Document Number)

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C. GOLDEN

SEP - 7 2019

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Officer/Director Resignation  
(Name of Corporation)

DOCUMENT NUMBER: N15000010934

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

Please return all correspondence concerning this matter to the following:

Kim Crenshaw Collier  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

P.O. Box 373  
(Address)

New Smyrna Beach, FL 32170  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kim Crenshaw at ( 407 ) 474 4743  
(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

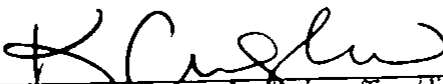
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Kimberlie Crenshaw, hereby resign as D (Title)

of Way to Grace, Inc.  
(Name of Corporation)

N15000010934, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

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**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