N1700000 4467

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Honey LAKE FARMS INC. (Name of Corporation)
DOCUMENT NUMBER: NITOSOSO 4467
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 STOJAL WEEMS IV (Name of Person)
HONEY LAKE FARMS, INC. (Name of Firm/Company)
110073 SHEUCLACKER ZD (Address)
JACKSONVILLE, FL 30206 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (904) 652 3024 (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, BeyAN SCHWAR	, hereby resign as DIRECTE	Pritle)
of Honey LAKE	(Name of Corporation)	,
MITODOG HAIOT (Document Number, if know	, a corporation organized under the laws of th	e State of
		2022 MAY
	(Signature of resigning officer/director)	AY -6 PM 1: 22 AY -6 PM 1: 22 AASSEE FLORID

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