

# N18000001151

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

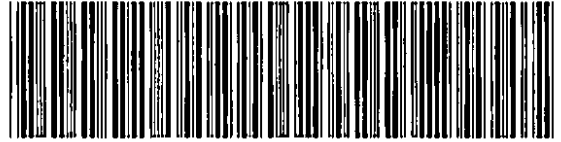
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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*Old Resignation*  
JAN 15 2019  
D CUSHING

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CELEBRATION OF ABILITIES FOUNDATION, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** N18000001151

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

**WILLIAMS, CHASE H**  
(Name of Person)

**CELEBRATION OF ABILITIES FOUNDATION, INC**  
(Name of Firm/Company)

**12636 SW 66TH UNION**  
(Address)

**LAKE BUTLER, FL 32054**  
(City/State and Zip Code)

For further information concerning this matter, please call:

**WILLIAMS, CHASE H** at **386 438-3097**  
(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

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DIVISION OF CORPORATIONS  
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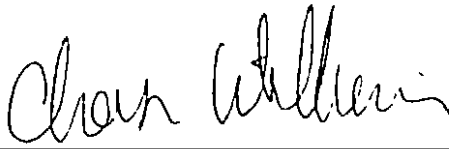
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Chase Hunter Williams, hereby resign as Chief Operating Officer  
(Title)

of CELEBRATION OF ABILITIES FOUNDATION, INC  
(Name of Corporation)

N18000001151, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida



(Signature of resigning officer/director)

**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

FILED  
DEPT. OF STATE  
CORPORATIONS  
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