

400341698194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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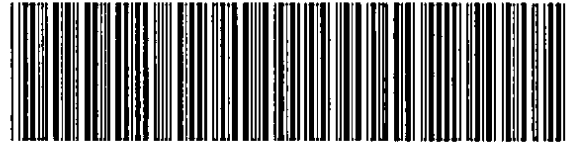
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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GM
3/19/20

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NATURE COAST CANNABIS CAREGIVERS
(Name of Corporation)

DOCUMENT NUMBER: N18000005449

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

Please return all correspondence concerning this matter to the following:

Mike Gufford
(Name of Person)

~~WENDELL ANDERSON~~
(Name of Firm/Company)

915 N. NEW LONDON Terrace
(Address)

INVERNESS FL 34453
(City/State and Zip Code)

For further information concerning this matter, please call:

Mike Gufford at (352) 464-1343
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MIKE GUFFORD, hereby resign as EXECUTIVE DIRECTOR
(Title)

of NCC CAREGIVERS INC.
(Name of Corporation)

N18000005449, 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