N18000007896

(Re	questor's Name)	
(Address)		
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

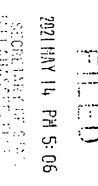
Office Use Only



100364365401

05/14/21--01017--022 **35.00

15/70/20



TRANSMITTAL LETTER

SUBJECT: ____ Harvest Academy Inc. (Name of Corporation) DOCUMENT NUMBER: N18000007896 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Stacey N. Farnham (Name of Person) Harvest Academy inc. (Name of Firm/Company) 1280 N Church Avenue (Address) Mulberry, FI 33860 (City/State and Zip Code) For further information concerning this matter, please call: Stacey N. Farnham (Name of Person)

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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

GLORIA M SHARPE 1.	TREASURER, hereby resign as
	(Title)
HARVEST ACADEMY, INC.	
(Name	e of Corporation)
N18000007896	, a corporation organized under the laws of the State of
(Document Number, if known)	
FLORIDA	
	 ·

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 2021 HAY 14 PH 5: 06