N180000 10444

(Requestor's Name)
(Address)
, , , , , , , , , , , , , , , , , , ,
(Address)
(City/State/Zip/Phone #)
•
PICK-UP WAIT MAIL
(5) viscos Fath Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

The Justin Haystrand Memorial Scholarship, Inc. SUBJECT:		
(Name of Corporation)		
DOCUMENT NUMBER: N18000010444		
The enclosed Officer/Director Resignation for a Corporatio	n and fee are submitted for filing.	
Please return all correspondence concerning this matter to t	he following:	
Denise Haystrand		
(Name of Person)	-	
The Justin Haystrand Memorial Scholarship, Inc.		
(Name of Firm/Company)	-	
P.O. Box 933		
(Address)	-	
Effers, FL 34680		
(City/State and Zip Code)	-	
For further information concerning this matter, please call:		
Denise Haystrand 727	992-4372) c & Daytime Telephone Number)	
(Name of Person) (Area Cod	e & 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

Amy Alley I	Vice President, hereby resign as	
,	(Title)	
The Justin Haystrand Memori	ial Scholarship, Inc.	
· · · · · · · · · · · · · · · · · · ·	(Name of Corporation)	
N18000010444 (Document Number, if kr	, a corporation organized under the laws of the State of	
Florida		
		
1		
	The state of the s	
	(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

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