N20 00000 9813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

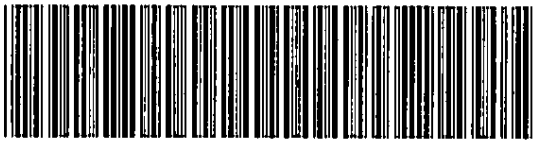
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/30/20--01024--004 **35.00

FILED
2020 OCT 30 PM 6:28

DEC 09 2020

S. YOUNG

Please note: I am filling out this resignation form at the request of the Stock to update official records. At no time did I give consent to be part of this organization.

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: B2L* _____
(Name of Corporation)

DOCUMENT NUMBER: N20000009813 _____

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

Please return all correspondence concerning this matter to the following:

Colleen Lockwood
_____
(Name of Person)

_____
(Name of Firm/Company)

820 NE 16th Place
_____
(Address)

Fort Lauderdale, FL 33305
_____
(City/State and Zip Code)

For further information concerning this matter, please call:

Colleen Lockwood _____ at (954) 5935518
(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

CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, Colleen Lockwood, hereby resign as Director (Title)

of B2Lx (Name of Corporation)

N20000009813 (Document Number, if known), a corporation organized under the laws of the State of Florida.

Colleen Lockwood
(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