

(Requestor's Name)		
(Address)		
(Address)		
(City	y/State/Zip/Phone	e #)
_	_	
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		of Status
Special Instructions to Filing Officer:		
	. = .	
J. HORNE		
AUG - 1 2023		





96.15.29--01022--014 ****.1.1



TRANSMITTAL LETTER

Name of Corporation)	
r a Corporation and fee are submitted for filing	
his matter to the following:	
	
r, please call:	
at (765 208-1100 (Area Code & Daytime Telephone Number)	
(Area Code & Daytime Telephone Number)	
to the Florida Department of State.	
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



Andrew Miller I	Treasurer, hereby resign as	
··	(Title)	
DoubleDelta214		
	me of Corporation)	
N22000001351 (Document Number, if known)	, a corporation organized under the laws of the State of	
Florida		
	0 100 11	
/	(Signature of restening 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