N98000003365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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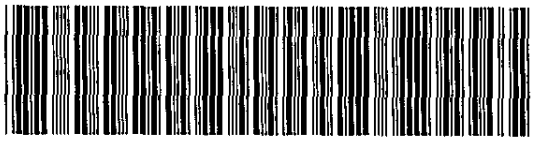

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OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I Sherry Tripp hereby resign as Director
(Title)

of A. A. R. Services, Inc.
(Name of Corporation)

H98000003368
(Document Number, if known) a corporation organized under the laws of the State of

_____.

Sherry Tripp
(Signature of resigning officer/director)

FILING FEE IS $35.00

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Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314