Requester's Name POF. Rne. 1021 NE. 415 AVR. ____Ocala, Fr 34470 ******35.00 *****35.00 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Document #) (Corporation Name) (Corporation Name) (Document #) Certified Copy Pick up time Walk in ☐ Photocopy ☐ Will wait Certificate of Status ☐ Mail out **AMENDMENTS NEW FILINGS** ☐ Profit Amendment Resignation of R.A., Officer/Director ■ Not for Profit ☐ Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/QUALIFICATION OTHER FILINGS Annual Report Foreign Limited Partnership ☐ Fictitious Name Reinstatement Trademark Other **Examiner's Initials**

CR2E031(7/97)

OFFICER / DIRECTO / RESIGNATION

I,	Peter Lucian	, her	eby resign as Trea	asure(
of	Police Officeu	S Foundat ne of Corporation)	ion Tre:	<u>=</u> f
	ation organized under the law			
and affirr	n that the corporation has be	een notified in writ	ing of the resignation.	u em

(Signature of resigning officer/director)

FILING FEE IS \$35.00

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P.O. Box 6327
Tallahassee, FL 32314

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