

P00 0000 53928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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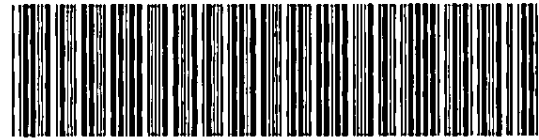
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ProIRB Plus, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P00000053928

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

Please return all correspondence concerning this matter to the following:

Daniel Scoledge

(Name of Person)

ProIRB Plus, Inc.

(Name of Firm/Company)

247 Lakewood Dr.

(Address)

Jackson, TN 38305

(City/State and Zip Code)

For further information concerning this matter, please call:

Daniel Scoledge at (731 421-4622)

(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Theresa S. MacLean, hereby resign as Director / CEO
(Title)

of ProIRB Plus, Inc.
(Name of Corporation)

P00000053928, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Theresa S. MacLean
(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