POOCO 1966

City/State/Zip Phone # 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 Walk in ☐ Pick up time ☐ Photocopy Certificate of Status ☐ Will wait Mail out **AMENDMENTS NEW FILINGS** Amendment 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 Foreign Annual Report Limited Partnership Fictitious Name Reinstatement Trademark Other

Examiner's Initials



OFFICER / DIRECTOR RESIGNATION

| I, NOLA J ALLEN, hereby resign as VICE PRESIDENT |
|--|
| of ALLEN & ASSOCIATES INVESTIGATIONS, INC. (Name of Corporation) |
| a corporation organized under the laws of the State of FLORIDA |
| and affirm that the corporation has been notified in writing of the resignation. |
| (Signature of resigning officer/director) |

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

CR2E044(9/98)