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cor	NUMBER(S), (if	Office Use Only  known):	
1(Corporation Name)  2(Corporation Name)  3(Corporation Name)	(Document #)  (Document #)	OI APR 16 PH	
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☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Photocopy	☐ Certified Copy ☐ Certificate of Status	
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R.A Change of Register Dissolution/Withd		
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QU  Foreign Limited Partnership Reinstatement Trademark Other	······································	-
		Examiner's Initials	

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OFFICER / DIRECTOR RESIGNATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

of Integrity Insurance Benefits Inc.  (Name of Corporation)
a corporation organized under the laws of the State of
and affirm that the corporation has been notified in writing of the resignation.

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
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