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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

SUBJECT: First Community Title Gervices, Inc. (Name of Corporation)
DOCUMENT NUMBER: POOOOO102824
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Scott moody (Name of Person)
First Connuncty Title Bervices, Inc. (Name of Firm/Company)
504 nears lane (Address)
Gallatin Tn 37066 (City/State and Zip Code)
For further information concerning this matter, please call:
Acces Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Pamela D. O'Brien, hereby resign as Vice Pre	, Sd Title)	2~	<u>E</u>
of First Connuncty Title Gervices, Inc. (Name of Corporation)			- '
Poccolo3824, a corporation organized under the laws of the (Document Number, if known)	e State	of	
Florida			
(Signature of resigning officer/director)	SECRETARY OF STATE TALLAHASSEE FLORIDA	07 JUN 21 AH ID: 51	FILED

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