

PO1 000027455

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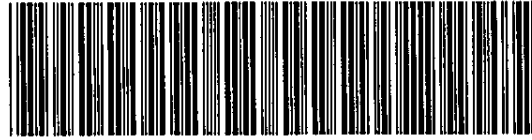
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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CASAPELLE, INC.

DOCUMENT NUMBER: _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL DOLLINS

Name of Contact Person

DOLLINS, LLC

Firm/ Company

1025 MONTGOMERY HWY, STE 105

Address

BIRMINGHAM, AL 35216

City/ State and Zip Code

michael@dollinscpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL DOLLINS

Name of Contact Person

at (205)

822-1332

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

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Certificate of Status

☒ \$43.75 Filing Fee &
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☐ \$52.50 Filing Fee
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Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314


Street Address

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, **YVONNE T. WILKERSON**, hereby resign as President and Director of CASAPELLE, INC., (Document Number: P01000027455), a corporation organized under the laws of the State of Florida.

Dated: November 7, 2016


YVONNE T. WILKERSON

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