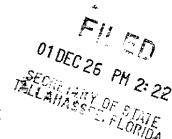
National Independent Insurance Agency 13200 Spring Hill Dr. Spring Hill, FL 34609 CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) 900004739249-(Corporation Name) (Document #) (Document #) (Corporation Name) Certified Copy Pick up time Walk in Certificate of Status ☐ Will wait Photocopy ☐ Mail out **NEW FILINGS AMENDMENTS** 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** ☐ Annual Report □ Foreign Limited Partnership ☐ Fictitious Name Reinstatement Trademark Other Examiner's Initials CR2E031(7/97) T BROWN JAN - 2 2002



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



OFFICER / DIRECTOR RESIGNATION

I, DOWALD MONTZ, hereby resign as Vice Resident
of NATIONAL INDEPENDENT INSULANCE Abouty JUC. (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.

ing 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