## PO | 0000 7058 |

(Re	questor's Name)	
. (Ad	dress)	·
(Ad	dress)	
(Cit	y/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<del> </del>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

Dovid Honry Auto Carriero Inc			
SUBJECT: David Henry Auto Carriers, Inc  (Name of Corporation)			
DOCUMENT NUMBER: po1000070581			
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing			
Please return all correspondence concerning this matter to the following:			
David Henry			
(Name of Person)			
David HenryAuto Carriers,Inc			
(Name of Firm/Company)			
6331 Hyde_Park Haven			
(Address)			
Jacksonville,Florida32210			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Lois Henry at ( 904 ) 783-9205			
Lois Henry at (904) 783-9205 (Name of Person) (Area 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  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314			

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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sident	1000	1/ <sub>C</sub> 10 :
(Title)		<del></del> ;

I, David Henry	, hereby resign as Vice President	ORICE
	(Title)	
of David HenryAuto Carriers,Inc.		
(Name	of Corporation)	'
po1000070581 (Document Number, if known)	_, a corporation organized under the laws of the State of	
Florida		

(Signature of resigning officer/director)

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