0009393 Requester's Name 32750 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) 000005792190--0 *****35.00 *****35.00 (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified C ☐ Walk in Pick up time Photocopy Will wait Certificaté ☐ Mail out **NEW FILINGS** <u>AMENDMENTS</u> Amendment Profit Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability Domestication Dissolution/Withdrawal Merger Other REGISTRATION/QUALIFICATION OTHER FILINGS Foreign Annual Report Limited Partnership ☐ Fictitious Name Reinstatement Trademark Other **Examiner's Initials**

CR2E031(7/97)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

OFFICER / DIRECTOR RESIGNATION

I, Wende Pride, hereby resign as Preside (Title	lent	orV	(ρ
of Cornerstane Concerts & Developme	ent	he	
a corporation organized under the laws of the State of Plan	SEURE TA	02 JUN 1	
and affirm that the corporation has been notified in writing of the resignation.	RY OF ST		
Dell (Signature of recigning officer/director)		222	

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