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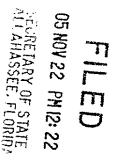
| (Requestor's Name) |
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COVER LETTER

| TO: Amendment Section Division of Corporations | | |
|--|--|---------------------------------|
| SUBJECT: Complete H | lome, Inc. | <u> </u> |
| | (Name of Corporation) | |
| DOCUMENT NUMBER:F | 01000107562 | *** |
| The enclosed Officer/Director Resig | gnation for a Corporation and fee a | re submitted for filing. |
| Please return all correspondence cor | ncerning this matter to the followir | ıg: |
| John Wilburth | | |
| John Wilburth (Name of Pers | on) | - - - - |
| | | |
| (Name of Firm/Co | mpany) | |
| 3343 N. Heron Ave | enue | |
| (Address) | | |
| Jacksonville Bead | ch, FL 32250 | |
| (City/State and Zi | p Code) | |
| For further information concerning | this matter, please call: | |
| Rick Reznicsek (Name of Person) | at (<u>904</u>) <u>56</u> (Area Code & Daytin | i7-1060 ne Telephone Number) |
| Enclosed is a check for \$35.00 mad | e payable to the Florida Departme | nt 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

| l Vic | e Pre | e i da | _ |
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| s of the | BEURETARY OF STATE BLLAHASSEE, FLORIDA | 05 NOV 22 PM 12: 22 | |
| V | vs of the | ws of the State LUNE TARY O | OS NOV 22 P |

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