

PO1000118936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

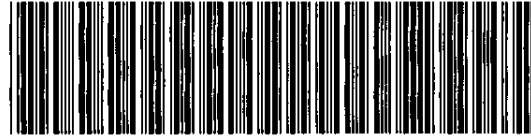
(Business Entity Name)

(Document Number)

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FEB 05 2016

\$ 35

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Assurance Financial Group, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P01000118936

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Chlowski
(Name of Person)

Assurance Financial Group, Inc.
(Name of Firm/Company)

1200 N. Federal Highway, Suite 200
(Address)

Boca Raton, FL 33432
(City/State and Zip Code)

For further information concerning this matter, please call:

John Chlowski at (561) 271-7301
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

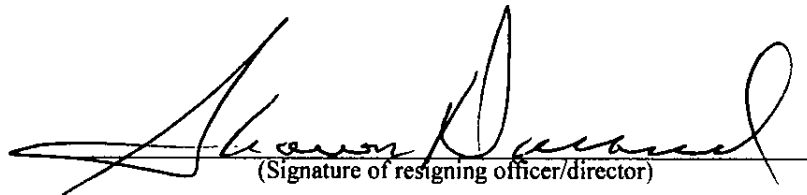
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Shawn Durand, hereby resign as President (PSTD)
(Title)

of Assurance Financial Group, Inc.
(Name of Corporation)

PO1000118936, a corporation organized under the laws of the State of
(Document Number, if known)

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

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