

PO200000355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

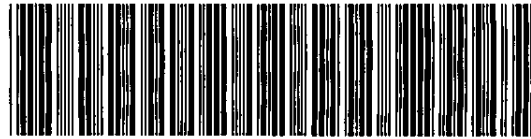
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300262393083

300262393083
07/24/14--01014--009 **35.00

R. White

AUG 06 2014

R. WHITE

FILED
14 AUG 29 10 29
CAL. A. ...

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CARMEN RIVERA, hereby resign as SECRETARY
(Title)

of Comfort CENTRAL INC.
(Name of Corporation)

P02000003555, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

CARMEN RIVERA - DECEASE
(Signature of resigning officer/director)

FILED
11 JUN 24 11:13 AM
TALLAHASSEE, FLORIDA

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