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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	o #)
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SUBJECT: S/ory House USA, /nc.

(Name of Corporation)

DOCUMENT NUMBER: POZDODO63889

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

\[
\langle A \langle G. \langle A \langle A \langle C \langle A \langle A \langle C \langle A \langle A \langle C \langle A \langle

For further information concerning this matter, please call:

Miraner & 37029
(City/State and Zip Code)

Name of Person) at (786) 202.05/6 (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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

A . 14 . .



(Name of Corporation) 22000063889 (Document Number, if known) Florida	Garth H. Cer	hereby resign as TD (Title)
•	Glory Hous	me of Corporation)
Florida	(Document Number, if known)	, a corporation organized under the laws of the State of
	Florida	·

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314