000120526

(Re	equestor's Name)					
(Address)						
(Address)						
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Ви	siness Entity Nar	ne)				
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



900280347199

12/28/15--01016--021 **43.75

JAN - 5 2016 C LEWIS

TRANSMITTAL LETTER

SUBJECT: FOUR HORSEMEN INVESTMENT GROWF (Name of Corporation) DOCUMENT NUMBER: POZ 000 120 526	, INC.
DOCUMENT NUMBER: PO2 000 120 526	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
RyAN JOHNSTON (Name of Person)	ivio Si Si S
(Name of Firm/Company)	DEC 28
2435 SE 18th CIRCLE (Address) OCALA, FL 34471	PH 1:3
OCALA, FL 3 4471 (City/State and Zip Code)	0 5
For further information concerning this matter, please call:	
(Name of Person) at (352) 446-5578 (Area Code & Daytime Telephone Number)	

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

Amendment Section Division of Corporations

\TO:

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

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, RYAN JO	HNSTON	_, hereby resign as_	VICE	Pecsion (Title)	<u>EN</u> T
of Four H	VORSEMEN (Name of Corporati	INUESTM	ENT (FROUP	1,NC.
P02 000 120 (Document Number, if	526, a corpo	ration organized und	ler the laws of	the State of	
FLORIDA	·				
	(Signature of	resigning officer/direct	or)	15 DEC 28 PM 1	SECULAR ASSISTANCE SECULAR TO SECURAR TO SECULAR TO SECURAR TO SECULAR TO SECURAR TO SECULAR TO SEC

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