P03000008815

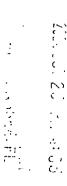


(R	equestor's Name)	
(A	ddress)	
(A-	ddress)	
(C	ity/State/Zip/Phone #)	_
☐ SICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(De	ocument Number)	
Certified Copies	Certificates of S	Status
Special Instructions to	Filing Officer:	
1092		
	Office Use Only	



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09/25/24--01004--014 **35.00



OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

.

1, John Schrade, hereby resign as_	Secretary
of(Name of Corporation)	_ ,
P0300008815 , a corporation organized under the (Document Number, if known)	ne laws of the State of
Florida	
(Signature of resigning officer/director)	
FILING FEE IS \$35.00	: : : :
Make checks payable to Florida Department of State a	and mail to:

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