| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | · · · · |
| (Cit | y/State/Zip/Phone | ⇒ #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: | Amendment Section Division of Corporations |
|-----------------------------------|--|
| SUBJ | TECT: Top Gun Florida, Inc. (Name of Corporation) |
| DOC | UMENT NUMBER: P03000008834 |
| The e | nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please | e return all correspondence concerning this matter to the following: |
| | Robert Wolf (Name of Person) |
| | Top Gun Florida. Inc. (Name of Firm/Company) |
| | 9658 Clinton Corners Drive (Address) |
| | Jacksonyi Lle, FL 32222 (City/State and Zip Code) |
| For fu | rther information concerning this matter, please call: |
| | . Robert Wolf at (904) 610-5220 (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclo | sed is a check for \$35.00 made payable to the Florida Department of State. |
| Amen Divisi Cliftor 2661 | Mailing Address: dment Section on of Corporations n Building Executive Center Circle passee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, Robert Wolf | , hereby resign as(Tride) |
|--|--|
| of Top Gun Florida, Inc. (Name of C | orporation) |
| P03000008834 , a (Document Number, if known) | corporation organized under the laws of the State of |
| Florida | SEP SO |
| | PROFE 23 |
| Ber M. | nture 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