## P03000144688

(Re	equestor's Name)	
(Address)		
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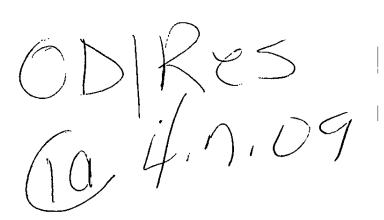


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SECRETARY OF STATE NVISION OF CORPORATIONS



## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Moving Treasures Franchising, Inc.  (Name of Corporation)	
DOCUMENT NUMBER: P03000144688	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for the enclosed Officer (Director Resignation for a Corporation and fee are submitted for the enclosed Officer (Director Resignation for a Corporation and fee are submitted for the enclosed Officer).	 filing
Please return all correspondence concerning this matter to the following:	
Michael Boyd (Name of Person)	
(Name of Person)	
(Name of Firm/Company)	
PO Box 1386	
(Address)	
Palm Harbor, FL 34682	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Michael Boyd 91 / 727 459-2121	
Michael Boyd  at ( 727 ) 459-2121  (Name of Person) (Area Code & Daytime Telephone Number 1)	per)
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	

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Michael A. Boyd	, hereby resign as Director
· · · · · · · · · · · · · · · · · · ·	(Title)
of Moving Treasures Franchisi	ng, Inc.
	ne of Corporation)
P03000144688 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	·
DAR	0
1 4012	(Signature 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 09 APR -2 PM 12: 04

FILED SECRETARY OF STATE OF CORPORATIONS