

POB000148995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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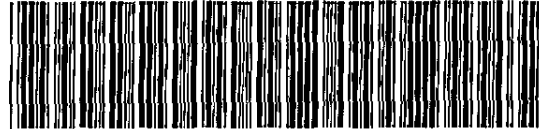
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO: Amendment Section  
Division of Corporations**

**NAME OF CORPORATION:** Amelia Island Cabinetry, Inc.

**DOCUMENT NUMBER:** P03000148945

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lori Burling  
(Name of Contact Person)

Amelia Island Cabinetry, Inc.  
(Firm/ Company)

474384 SR 200  
(Address)

Fernandina FL 32034  
(City/ State and Zip Code)

For further information concerning this matter, please call:

Lori Burling at ( 904 ) 777 9692  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|---|--|--|--|

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

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**

05 SEP 16 PM 4:20

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

I, Al Smith, hereby resign as VP (Title)

of Amelia Island Cabintory, Inc.  
(Name of Corporation)

PO000149915, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

Al Smith  
(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