

P 03000 156264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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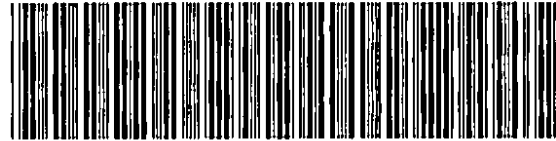
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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JAN 14 2020
I ALBRITTON

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Scott FECHTER Corporation I&C
(Name of Corporation)

DOCUMENT NUMBER: P03000156264

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott Michaels
(Name of Person)

SCOTT FECHTER Corporation I&C
(Name of Firm/Company)

1105 Southpark Blvd
(Address)

St Augustine FL 32086
(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Fechter at (904) 377-6199
(Name of Person) (Area Code & Daytime Telephone Number)

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

Check # 14661

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

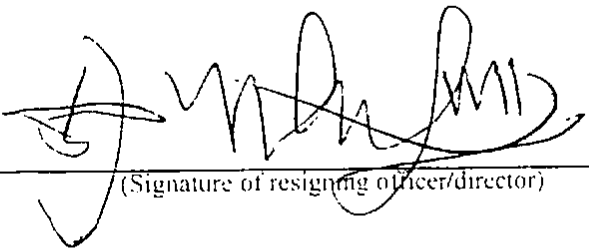
OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, SCOTT MICHAELS, hereby resign as VP
(Title)

of SCOTT FECTER CHIROPRACTIC INC
(Name of Corporation)

P03000156264, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(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

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