(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)	 			
P WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certificates of S	Status			
Special Instructions to Filing Officer:				
	(Address) (Address) (City/State/Zip/Phone #) (Business Entity Name) (Document Number) Certificates of S			

· Office Use Only

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JUN - 7 2016 C LEWIS

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Charlie Morgan + Company, Inc. (Name of Corporation)
DOCUMENT NUMBER: <i>P04000062954</i>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
Charlie Morgan + Conpany Inc. (Name of Firm/Company)
8414 San Martairo Dr. W. (Address)
TACKSONVIILE, FL 32217 (City/State and Zip Code)
For further information concerning this matter, please call:
Charlie Morgan at (904) 159-2857 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILEU SECRETARY OF STATE DIVISION OF CORPORATION:

2016 JUN -3 PM 3: 16

I,	ESTON, NELSON	, hereby resign as	VP
	·		(Title)
of	Charlie Morgana Name of	- Company Inc.	
	(Name of	(Corporation)	
	Λ		*
/	P04000062954	, a corporation organized un	der the laws of the State of
	(Document Number, if known)		
	FLORIDA		
		V. —	
	E VII		
	(Sig	mature of resigning officer/direc	tor)

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