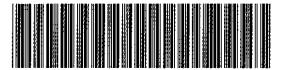
## P04000097699

(R	equestor's Name)	)
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO:	Amendment Section Division of Corporation		
		,	

SUBJECT: SOUTHERN TITLE AGENCY, IM
DOCUMENT NUMBER: P0400097699
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
KEN ANDREWS (Name of Person)
South to TITLE Agency Inc (Name of Firm/Company)
7680 VRIVAISAC BCUDS-3000 (Address)
ORANO FC 30835 (City/State and Zip Code)

For further information concerning this matter, please call:

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

1, KENANDREWS , hereby resign as PUSIDENT (Title)	
of Southern Title Agency IM (Name of Corporation)	<u>;</u>
PO400097699, 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

