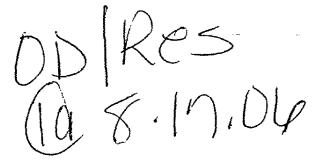
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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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Special Instructions to	Filing Officer:	

Office Use Only





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Amendment Section Division of Corporations

TO:

SUBJECT: Builders Professions Services (Name of Corporation)	.Inc.
DOCUMENT NUMBER: P. 040009999 4	
The enclosed Officer/Director Resignation for a Corporation and fee are sub-	omitted for filing.
Please return all correspondence concerning this matter to the following:	
Carl M. Coper	* ¥
Ruilders Professional Services Inc. (Name of Firm/Company)	· .
9310 Old Hings Pd S Suit 1303	. No. 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (
City/State and Zip Code)	
For further information concerning this matter, please call:	
Carl M Oppr at (QOV) 731 02 (Name of Person) at (Area Code & Daytime Tele	23 ephone Number)
	_

2661 Executive Center Circle Tallahassee, FL 32301

Street Address:
Amendment Section
Division of Corporations
Clifton Building

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. Dennis Williams, hereby resign as Vice President	
of Builders Professional Services, Inc.	-: -
Poyooo 9994, a corporation organized under the laws of the State of (Document Number, if known)	
	7
(Signature of resigning officer/director)	
The state of the s	10
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