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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COWAN & SON'S INC.
(Name of Corporation)

DOCUMENT NUMBER: _____

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHAD COWAN
(Name of Contact Person)

COWAN & SON'S INC.
(Firm/Company)

P.O. Box 520998
(Address)

LONGWOOD, FL 32752-0998
(City/State and Zip Code)

For further information concerning this matter, please call:

CHAD COWAN at (321) 299-7149
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

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**

I, ANGEL A. LOWAN, hereby resign as VICE PRESIDENT
(Title)

of LOWAN & SONS INC.
(Name of Corporation)

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

FL

Angel A. Lowan
(Signature of resigning officer/director)

FILED
06 MAY 25 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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