## PUSWBB

Adam Wasselman (Requestor's Name)				
(Requestor's Name)				
1643 Royal Grove Way (Address)				
(Address)				
(Address)				
Wiston FL 33327 (City/State/Zip/Phone #)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				

Office Use Only



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SEP. 15 2014

R. WHITE

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

i, ADAM	WASSERMAN	, hereby resign as_	Pinecton
			(Title)
of Interact	tive Entertainment	+ Guard INC	
Λ	(Name of Corp	oration)	
	703/5 ,acc	orporation organized und	der the laws of the State of
_	Number, if known)	.1	
- FLOMO,	4		
•	My	When	
	(Signatur	e of resigning officer/direct	
			SEP T
			F.S. → O
	FILIN	G FEE IS \$35.00	#16 WILM

Make checks payable to Florida Department of State and mail to:

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