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| (Requestor's Name) |
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| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE FI CHIE



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A-2 PROFESSIONAL HOME INSPECTIONS IN (Name of Corporation)

DOCUMENT NUMBER: POSOCIO1422

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

STACY LEE-WILLIAMS
(Name of Person)

A-2 PROFESSIONAL

160 GRANT BLUD

LEHIGH ACRES FL 3393L

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (237) 462-4044 (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
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

| I, CLAIRMONT | RALPH, hereby resign as | VICE PRESIDENT (Title) |
|-------------------------------------------|-----------------------------------------|--------------------------------------|
| of A-2 PROFES | SSLONAL HOME (Name of Corporation) | INSPECTIONS, Inc |
| PO50001014 (Document Number, if known) | 22, a corporation organized ur | ider the laws of the State of |
| FLORIDA. | <u> </u> | |
| | (Signature of resigning of lider/direct | DS NOV 28 MI IO- TALLAHASSEE FLOR |
| | FILING FEE IS \$35.00 | STAT LORU |

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

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