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COVER LETTER

Artisan Design Group, Inc. (Name of Corporation) P06000051795 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Julie Spriggs (Name of Person) Artisan Design Group, Inc. (Name of Firm/Company) 820 S. Ronald Reagan Blvd., Suite 130 (Address) Longwood, FL 32750 (City/State and Zip Code) For further information concerning this matter, please call: Julie Spriggs (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address:
Amendment Section
Division of Corporations Mailing Address: Amendment Section **Division of Corporations** Clifton Building Post Office Box 6327 2661 Executive Center Circle Tallahassee, FL 32301 Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Julie Spriggs	, hereby resign as Treasurer
7	(Title)
of Artisan Design Group, Inc.	
(Name	of Corporation)
P06000051795 (Document Number, if known)	_, a corporation organized under the laws of the State of
Florida	·
Mue	SELAHASSEE, FLORIDA Signature of resigning officer thrector)

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