

POLEDDO1D3372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

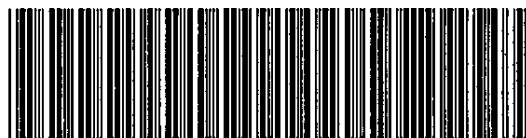
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** A METAMORPHOSIS CUSTOM PAINTING INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000103372

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

Please return all correspondence concerning this matter to the following:

William Claire  
(Name of Person)

A METAMORPHOSIS CUSTOM PAINTING INC.  
(Name of Firm/Company)

4735 MAINSAIL DR. BRADENTON, FL 34208  
(Address)

BRADENTON, FL 34208  
(City/State and Zip Code)

For further information concerning this matter, please call:

ELIZABETH Silva at ( 941 ) 745-1537  
(Name of Person) (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

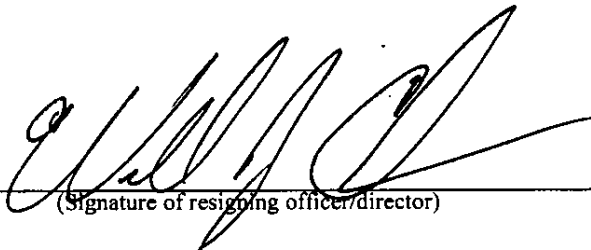
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, William J. Clair, hereby resign as SECRETARY  
(Title)

of A METAMORPHOSIS CUSTOM PAINTING INC.  
(Name of Corporation)

P06000103372, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**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

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DIVISION OF CORPORATIONS  
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