P07000104173

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE DIVISION OF CORPORATION

09 MAR 12 PM 12: LL

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Empower rent inc (Name of Corporation)		
DOCUMENT NUMBER: PO7000104173		
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Kathryn r Barnes (Name of Person)		
Empower rent Inc (Name of Firm/Company)		
2220 county road 210 West suite 108 PMB 421		
St Johns, Fl. 32259 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Kathryn Bownes at (904) 537-5406 (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, _	Kathryn r Barnes, hereby resign as officer President
of_	Empower rent Inc. (Name of Corporation)
	Po 1000 104 173, a corporation organized under the laws of the State of (Document Number, if known)
	Florida

FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

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