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PICK-UP	☐ WAIT	MAIL	
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Certified Copies	Certificates of Status		
Special Instructions to	Filing Officer:		
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## **COVER LETTER**

**Amendment Section** TO: **Division of Corporations** 

**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:

For further information concerning this matter, please call:

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

1, <u>H</u>	elissa Waters-Rivera	_, hereby resign as	Vice	Presider	<u>-</u>
of	Certified Towing &	necovery ion)	Incorp	poreted.	,
	(Document Number, if known), a corpo	oration organized und	er the laws of th	he State of	
	Mulisa (Signature of	resigning officer/directo	nivere	FILED  09 JAN 23 AM IO: 1  SECRLIARY OF STATE TADLAHASSEE, FLOR	!

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

FILING FEE IS \$35.00

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