708000110390

(Requestor's Name)							
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TRANSMITTAL LETTER

TO: Amendment Division of C			
SUBJECT:	omfort Zone of North Florida luc (Name of Corporation)		
DOCUMENT NUM	1BER: P08000110390		
The enclosed Officer	r/Director Resignation for a Corporation and fee are submitted for filing.		
Please return all corr	respondence concerning this matter to the following:		
Daniel St	(Name of Person)		
	Name of Firm/Company)		
2000 wells	Rd Se B (Address)		
Orange (C	PAK FL 32073 City/State and Zip Code)		
	ion concerning this matter, please call:		
Droyel Stanbern	at (901) 406-0070 (Area Code & Daytime Telephone Number)		
Enclosed is a check	for \$35.00 made payable to the Florida Department of State.	16 JUN 27	17
Mailing Address: Amendment Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323	ions Division of Corporations 2661 Executive Center Circle	27 PM 3: 29	

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _	MATTHEW Jon	<u>,</u> he	ereby resign as	DVS
			•	(Title)
of_	Confort	Zone of North	Horida W	<u> </u>
	• •	(Name of Corporation)		
	(Document Number, if know	, a corporation	on organized under t	he laws of the State of
	(··· ·		
		 •		
			1-23-16	
		Signature of resignature	ming 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 16 JUN 27 PM 3: 29