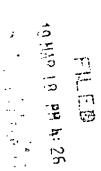
(Requestor's Name)	
(Address)	300325878
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	U3/18/19U1015
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	S TALLENT MAR 2 7 2019
Special Instructions to Filing Officer:	
	2 245

Office Use Only



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TRANSMITTAL LETTER

SUBJECT: Resounders Franchise and (Name of Corporation)	Development, Inc
(Name of Corporation)	
DOCUMENT NUMBER: PO90000407	<u> </u>
The enclosed Officer/Director Resignation for a Corporation and fee are	submitted for filing.
Please return all correspondence concerning this matter to the following:	
(Name of Person)	
Resounder 2 Franchise and Aeveloph (Name of Firm/Company)	nest, Inc
605 Hickman circle	
San ford FC 32771 (City/State and Zip Code)	
For further information concerning this matter, please call:	
. /Nelun Horn at (321) 272 - (Name of Person) (Area Code & Daytime Te	1300 ext /0) elephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of	EState.
Malling Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301	

/gas

CR28044 (05/13)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Tim Murphy hereby resign as CEO (Title)		
of Résounderz Franchise and Development, Dr (Name of Corporation)	<u>1e</u> ,	
P 0900000 407 a corporation organized under the laws of the State (Document Number, if known)	of	
- Florida		
(Signature of resigning of (icer/director)		
	19 HAR 18	
FILING FEE IS \$35.00	R I B PM	ではいる。
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Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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