

PO90000041833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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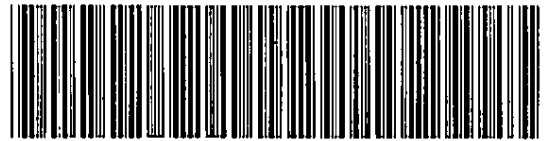
(Business Entity Name)

(Document Number)

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09/24/21--01012--002 **35.00

2021 SEP 24 PM 5:25

2021 SEP 24

Resignation

OCT 04 2021
1 ALBRITTON

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Kim DAVIS, hereby resign as president
(Title)

of Var Growth Corp
(Name of Corporation)

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

Kim Davis 9/15/2021
(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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