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| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| | | |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

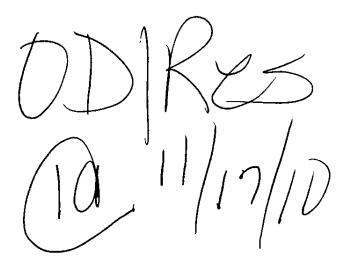


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FILEO SECRETARY OF STATE ALLAHASSEE, FLORIDA



COVER LETTER

| TO: | Amendment Section Division of Corporations |
|---------------------------------|---|
| SUB. | JECT: Wade Incorporated |
| | (Name of Corporation) |
| DOC | UMENT NUMBER: |
| The e | enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Pleas | e return all correspondence concerning this matter to the following: |
| Jose | elyn D. Hill |
| | (Name of Person) |
| Wad | de Incorporated |
| | (Name of Firm/Company) |
| 220 | Blue Creek Dr |
| | (Address) |
| Win | ter Springs, FL 32708 |
| | (City/State and Zip Code) |
| For fi | urther information concerning this matter, please call: |
| Jose | (Name of Person) at (407 619-9124 (Area Code & Daytime Telephone Number) |
| | (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclo | osed is a check for \$35.00 made payable to the Florida Department of State. |
| Amer Divis Clifto 2661 | t Address: Independent Section Identify |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| Joselyn D. Hill | , hereby resign as Vice President | |
|-----------------------------|--|---|
| *, | (Title) | • |
| of Wade Incorporated | | , |
| (Name of C | orporation) | |
| (Document Number, if known) | a corporation organized under the laws of the State of | • |
| Florida | | |
| | | |
| | | |
| | | |
| Joseph (Signa | ature of resigning officer/director) | ٠, |
| | | SEURETAR ALLAHAS |
| | | A HAS |
| | | |
| FILI | ING FEE IS \$35.00 | FLOR |

Amendment Section Division of Corporations P.O. Box 6327

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

Tallahassee, Florida 32314