P10000032879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

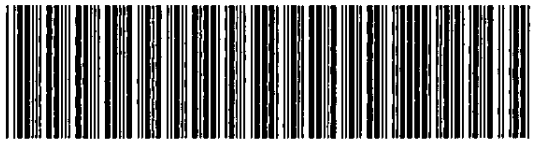
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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TALLAHASSEE, FLORIDA

off. Res.

MAR 20 2012

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SLEEPY FACE INC
(Name of Corporation)

DOCUMENT NUMBER: P10000632879

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RASHARD [redacted] WILLIS
(Name of Person)

[redacted] OPTIMUM SOLUTIONS CONSULTING
(Name of Firm/Company)

989 MONUMENT RD #1218
(Address)

JACKSONVILLE, FL 32225
(City/State and Zip Code)

For further information concerning this matter, please call:

RASHARD A. [redacted] WILLIS at (904) 253-5770
(Name of Person) (Area Code & Daytime Telephone Number)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, RASHARD A WILLIS, hereby resign as CFO
(Title)

of SLEEPY FACE INC,
(Name of Corporation)

P10000032879, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

(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