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| (Red | questor's Name) | |
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| (City | //State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
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| (Doc | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to F | Filing Officer: | |
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Drighton

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Name of Corporation)

DOCUMENT NUMBER: Place Color (Name of Corporation)

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)

(Name of Firm/Company)

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

(Name of Person)

(Area Code & Davtime 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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| 1. Mica Butterward, hereby resign as Pro | esident (Title) |
|---|--|
| of V.I.P. THE EXPECTS OF (Name of Corporation) | J . |
| Plocoolo Doument Number, if known) A corporation organized under the (Document Number, if known) | e laws of the State of Secretary Files |
| Mula Buttorwood (Signature of resigning officer/director) | PH 1: 52 OF STATE FLORIDA |

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