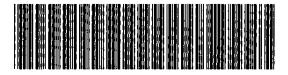
P11000021696

(Requestor's Name)				
(Address)				
(Add	lress)			
(City	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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off. Resign.
Brown

COVER LETTER

TO:	Amendment Section Division of Corporations		, či
SUB.	JECT: Sweat Insurance Se	ervices, Inc.	
		(Name of Corpo	oration)
DOC	UMENT NUMBER:P	11000021696	<u> </u>
The e	nclosed Officer/Director Resig	gnation for a Corporation	on and fee are submitted for filing.
Pleas	e return all correspondence con	ncerning this matter to	the following:
Rich	nard Sweat		
	(Name of Pers	on)	_
Swe	at Insurance Services, Inc.		
	(Name of Firm/Co	mpany)	_
945	March Hare Ct.		
	(Address)		-
Win	ter Springs, FL 32708		
	(City/State and Zip	Code)	-
For fi	urther information concerning	this matter, please call:	
Rich	ard Sweat	at (407	491-8553 de & Daytime Telephone Number)
	(Name of Person)	(Area Coo	de & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made	e payable to the Florida	Department of State.
Amen Divisi Clifto 2661	de Address: dment Section on of Corporations n Building Executive Center Circle hassee, FL 32301	Mailing Address: Amendment Section Division of Corporation Post Office Box 6327 Tallahassee, FL 3231	

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

TALLAHASSEE, FLORION _, hereby resign as_ Vice President Karen Beth Sweat Sweat Insurance Services, Inc. (Name of Corporation) ____, a corporation organized under the laws of the State of Florida

FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314