(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUR	JECT: GolnsurancePal, Inc.
	(Name of Corporation)
DOC	CUMENT NUMBER: P11000079119
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
Cla	rk Randolph
	(Name of Person)
Gol	nsurancePal, Inc.
	(Name of Firm/Company)
193	32 Hunters Run Rd.
	(Address)
Lev	visburg, TN 37091
	(City/State and Zip Code)
For f	urther information concerning this matter, please call:
Clar	(Name of Person) at ( 931 ) 309-5565 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Ame Divis Clifte 2661	Mailing Address:  Indment Section Sion of Corporations On Building Executive Center Circle  Chassee, FL 32301  Mailing Address:  Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



William C. Randolph Jr.	, hereby resign as
.,	(Title)
of GolnsurancePal, Inc.	
	ne of Corporation)
P11000079119 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	
	a Mand

## 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