## P12000006/15

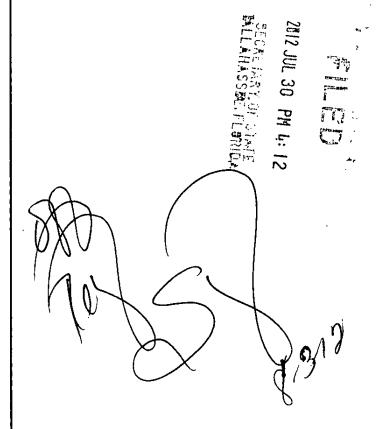
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: CAP DOCUMENT NUMBER: P12000	T. COOK'S CA 0026115	FE', Inc		
The enclosed Articles of Amendment an	d fee are submitted for fili	ng.		
Please return all correspondence concern	ing this matter to the follo	wing:		
JOSEPH (	G. ALBE			
	Name of Co	ntact Person	1	
CAPT. COOK'S CAFE', Inc.				
	Firm/ C	Company		
2331 CANAL ST.				
	Ado	dress		
NEW ORLEANS, LA 70119				
<del></del>	City/ State a	and Zip Cod	e	
jalbe1@cox.ne	et			
•	ss: (to be used for future a	nnual report	notification)	
For further information concerning this n	natter, please call:			
SHAWN ALBE	at (	228	, 304-0888	
Name of Contact Person	ur (		de & Daytime Telephone Number	
Enclosed is a check for the following am	ount made payable to the l	Florida Depa	artment of State:	
□ \$35 Filing Fee ■\$43.75 Fili Certificate	•	Copy I copy is	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314		Amend Division Clifton 2661 E	Address  Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I. JOSEPH G. ALBE	, hereby resign as(Title)		
-7	(Title)		
of_ CAPT. COOK'S CAFE', Inc.			
(Name o	f Corporation)		
P12000026115	, 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