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(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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JAN 1 7 2020 I ALBRITTON

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Prof. Real Counte Spraces Inc. (Name of Corporation)

DOCUMENT NUMBER: <u>FLOCCOCO1949</u>

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)

(Address)

Fait Critical data in 35315 (City/State and Zip Code)

For further information concerning this matter, please call:

<u>Acu Shlunkation</u> at (<u>154</u>) <u>703</u> <u>7360</u> (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 • 1 . .

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OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Lui Intrucion	, hereby resign as <u>Vi(c</u>	Tresident (Title)	<u> </u>
of PCID Frate Con (Name of C	CICES. In C		_ '
<u>PIPCOCCEPTUS</u> , a (Document Number, if known)	corporation organized under the	laws of the State of	
<u>Flecicla</u> .			
1/0	ature of resigning officer/director)	2019 DEC 16 AM 8: 25 SECREDUIY D. JAN FALLAMASSELTELORIDA	FILED

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