

P120000039865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

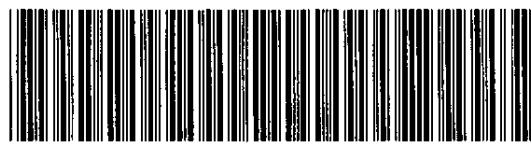
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100272905591

05/18/15--01042--021 **35.00

OLD RES

MAY 26 2015

R. WHITE

FILED
15 MAY 18 AM 11:00
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Nature's Own Healthcare, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P12000059865

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charlie L. Salter, Jr.
(Name of Person)

Nature's Own Healthcare, Inc.
(Name of Firm/Company)

2801 Booker Street
(Address)

Ft. Pierce, FL 34982
(City/State and Zip Code)

For further information concerning this matter, please call:

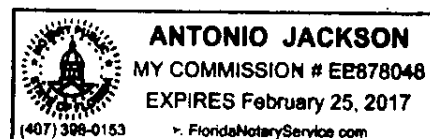
Charlie Salter at (772) 501-9873
(Name of Person) (Area Code & Daytime Telephone Number)

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
2661 Executive Center Circle
Tallahassee, FL 32301

Notary: [Signature] 3/11/15



**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Kevin M. Hodge, hereby resign as Vice-President
(Title)

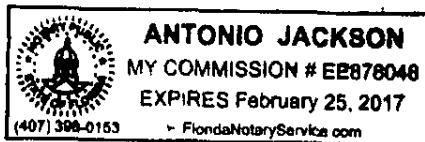
of Nature's Own Lumber, Inc.
(Name of Corporation)

P12000059865, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Kevin M. Hodge
(Signature of resigning officer/director)

Notary: Chris Johnson 3/19/15



FILING FEE IS \$35.00

FILED
15 MAY 18 AM 11:03
TALLAHASSEE, FLORIDA

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

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