P12000065417

(Requestor's Name)		
(Ad	dress)	
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
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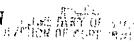
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2016 OCT 28 PH 1: 09

OCT 28 2016 C LEWIS

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



2018 OCT 28 PM 1: 10

, hereby resign as Director	
(Title)	
s,Inc.	
poration)	
orporation organized under the laws of the State of	
1	
24 sept 2016	
F	

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