

P130000

48200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

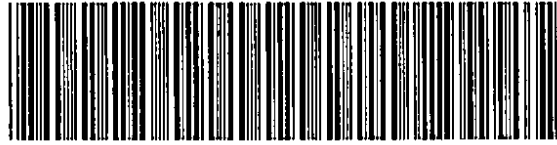
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BARTRAM FAMILY CHIROPRACTIC, INC.

(Name of Corporation)

DOCUMENT NUMBER: P13000048200

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

Please return all correspondence concerning this matter to the following:

JONATHAN WOJCIECHOWSKI

(Name of Person)

Bartram Family Chiropractic

(Name of Firm/Company)

14 KIWI PALM COURT

(Address)

PONTE VEDRA, FL 32081

(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICK DOUGLAS

(Name of Person)

at (904) 201-8226

(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

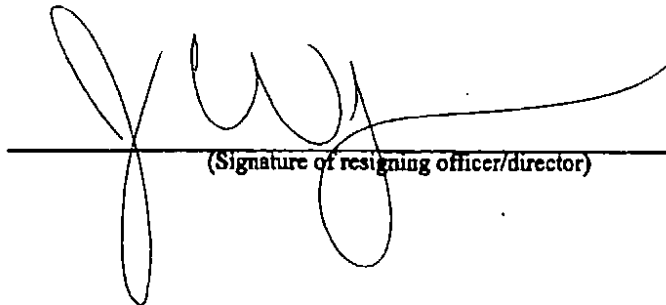
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

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I, JONATHAN WOJCIECHOWSKI, hereby resign as PRESIDENT
(Title)

of BARTRAM FAMILY CHIROPRACTIC, INC.
(Name of Corporation)

P13000048200, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(Signature of resigning officer/director) 5-29-2020

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