

PI4000 057 913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

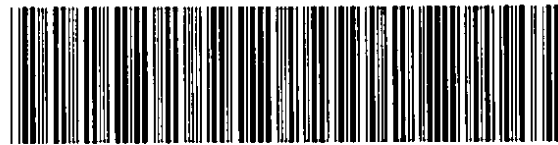
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R. WHITE  
JAN 13 2020

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Claim 2 Frames, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P14000057913

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

Please return all correspondence concerning this matter to the following:

Paul Wilk  
(Name of Person)

Claim 2 Frames, Inc.  
(Name of Firm/Company)

2751 S. Ocean Drive Ste 204N  
(Address)

Hollywood, FL 33019  
(City/State and Zip Code)

For further information concerning this matter, please call:

Beth Barrist at (954) 252-1234  
(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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Craig Wilk, hereby resign as VP  
(Title)

of Claim 2 Frames, Inc.  
(Name of Corporation)

P14000057913, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

Craig J Wilk  
(Signature of resigning officer/director)  
Paul [Signature] POA

2019 JUN -2 PM 1:25

**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