P14000195259

| (Re | questor's Name) | |
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| (Ad | dress) | |
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| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) |) |
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C. CARROTHERS

TRANSMITTAL LETTER

Division of Corporations Rachelle Stockings INC (Name of Corporation) DOCUMENT NUMBER: P14000095259 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Rachelle Stockings (Name of Person) Rachelle Stockings INC (Name of Firm/Company) 261 Temple Lane (Address) Belleair Bluffs, FL 33770 (City/State and Zip Code) For further information concerning this matter, please call: Rachelle Stockings (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

TO:

Amendment Section

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| _{ı.} Mark Stockings | , hereby resign as VP |
|-------------------------------------|--|
| 7 | (Title) |
| of Rachelle Stockings | INC |
| (Name | of Corporation) |
| P1400059259 | , a corporation organized under the laws of the State of |
| (Document Number, if known) Florida | |
| - JN | Signature of resigning officer/director) 15 APR 15 APR |

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