P15000002220

| (Requestor's Name) | | |
|----------------------------------|------------------------|--|
| (Address) | | |
| (Address) | <u></u> | |
| (City/State/ | Zip/Phone #) | |
| PICK-UP | WAIT MAIL | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies C | Certificates of Status | |
| Special Instructions to Filing C | fficer: | |

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15 JUL 13 PH 4:21

OLD Resignation

JUL 1 6 2015

TRANSMITTAL LETTER

| Division of Corporations | | | |
|--|----------|----------|------|
| SUBJECT: NutraCann Labs (Name of Corporation) DOCUMENT NUMBER: P15000002 ZZ O | - | | |
| DOCUMENT NUMBER: \$15000002220 | | | |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for fili | ng. | | |
| Please return all correspondence concerning this matter to the following: | | | |
| DONALD BALLOU (Name of Person) | | | |
| (Name of Person) Hutta Hemp Corp (Name of Firm/Company) | SEC | 15 J | |
| 5384 56 * Ave N. (Address) | HASSEL O | JL 15 F | |
| ST. Petersburg FL 33709 (City/State and Zip Code) | | PH 4: 21 | Same |
| For further information concerning this matter, please call: | | | |
| DON BALLOU at (727) 771 - 3 2 3 3 (Area Code & Daytime Telephone Number | 5) | | |
| Enclosed is a check for \$35.00 made payable to the Florida Department of State. | | | |

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

CR2E044 (05713)

TO:

Amendment Section



June 30, 2015

DONALD BALLOU NURACANN CORP 5384 56TH AVE N ST PETERSBURG, FL 33709

SUBJECT: NUTRACANN LABS, INC

Ref. Number: P15000002220

We have received your document for NUTRACANN LABS, INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Per our phone call, you have completed the wrong form. I am sending you the proper form to file an amendment and sending you the form to remove yourself. Please complete the form you wish for your corporation. Please notice that the filing fee is different. We will need an additional \$10.00 to file the corporate filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 615A00013749

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, DONALD BALLO | 4 , hereby resign as_ | President (Title) |
|--|--|------------------------------|
| of Notra Cann La D | me of Corporation) | , |
| P1500000 2 2 2 0 (Document Number, if known) FLORIDA | , a corporation organized und | der the laws of the State of |
| Done | ald Ballou | DE 15 PH L |
| | (Signature of resigning officer/direct | tor) 7-13-15 |

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