P150000 44858

(Re	equestor's Name)		
(Address)			
(Ac	ddress)		
(Ci	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
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Certified Copies	_ Certificate	s of Status	
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TRANSMITTAL LETTER

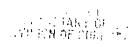
SUBJECT:	(Name of Corporation) P15000044858		
DOCUMENT NUMBER:_			
The enclosed Officer/Directo	r Resignation for a Corporation and fee are submitted for filing		
Please return all corresponder	nce concerning this matter to the following:		
Scot	t LaCross		
(Name	of Person)		
Seascape Land	scape Inc.		
(Name of F	irm/Company)		
12621 Farmingt	on Ct.		
(Ad	ldress)		
Jacksonville, FL	. 32246		
(City/State	and Zip Code)		
For further information conce	erning this matter, please call:		
Scott LaC	ross at (904) 705-8125 (Area Code & Daytime Telephone Number)		
(Name of Person	on) (Area Code & Daytime Telephone Number)		

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

Amendment Section Division of Corporations

TO:

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



OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

2017 FEB -8 AM 5: 56

J.	Christine LaCross	, hereby resign asVice President		
,		(Title)		
of	Seascape Landscape Inc.			
	(Name of Corporation)			
	P15000044858 .a con	poration organized under the laws of the State of		
	(Document Number, if known)	, , , , , , , , , , , , , , , , , , ,		
	Florida			
	Ω_{1}			

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