

PI6000 041 330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

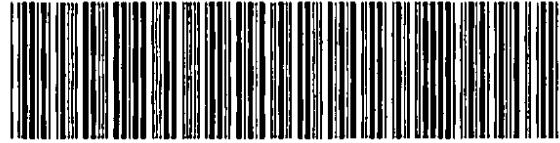
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800337420428

10/03/19-01001-001 15.00

20191001-2 PM 1:56

R. WHITE
JAN 13 2020

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

CLOUD NINE CARE, INC.

SUBJECT: _____
(Name of Corporation)

P16000041330

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

KRISTYN JOSEPHS

(Name of Person)

NONE

(Name of Firm/Company)

1208 E KENNEDY BLVD UNIT 714

(Address)

TAMPA, FL

(City/State and Zip Code)

For further information concerning this matter, please call:

KRISTYN JOSEPHS

813

280-0786

(Name of Person) at (_____) _____
(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**

KRISTYN C JOSEPHS

VP

I, _____, hereby resign as _____
(Title)

CLOUD NINE CARE, INC

of _____
(Name of Corporation)

P16000041330

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



(Signature of resigning officer/director)

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

2019 DEC -2 PM 1:56