P16000043914

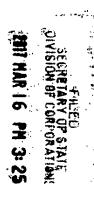
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



000296024550

03/16/17--01008--007 **35.00



V HERRING MAR 2 0 2017

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Constellation Media + Events, Inc. (Name of Corporation)
DOCUMENT NUMBER: P16000043914
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Allyson Harman (Name of Person)
(Name of Firm/Company) 927 & Raca Galdons Cuccle C 1) + R
9217 B Boca Gardens CircleS, Unit B
Boca Raton, FZ 33496 (City/State and Zip Code)
For further information concerning this matter, please call:
Mary Falzarano at (S6) S78-0697 (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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

SECRETARY OF STATE DIVISION OF CORPORATION

2017 MAR 16 PM 3: 25

i, Allyson Harma	n, hereby resign as Director (Title)
of Constellation	Media and Events, Inc
P16000043914	ame of Corporation), a corporation organized under the laws of the State of
(Document Number, it known)	

(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