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(Re	questor's Name)			
(Ad	dress)			
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PICK-UP	☐ WAIT	MAIL		
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(Do	cument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				





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SCHETARY OF STATE

Q(4) 3/17/20

TRANSMITTAL LETTER

ATMOS HOME INC. SUBJECT: (Name of Corporation) DOCUMENT NUMBER: 82-2668373 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Chris Ladwig (Name of Person) N/A (Name of Firm/Company) 1219 W Harvard St. (Address) Orlando, FL 32804 (City/State and Zip Code) For further information concerning this matter, please call: Chris Ladwig 386 3346683 at (TO:	Amendment Section Division of Corporations			
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For further information concerning this matter, please call: Chris Ladwig 386 3346683 at (
Chris Ladwig 386 3346683 at () (Name of Person) (Area Code & Daytime Telephone Number)		(City/State and Zip C	lode)		
(Name of Person) at (For fi	urther information concerning thi	s matter, please	call:	
	Chris	Ladwig	386	3346683	
			at ()	_
Enclosed is a check for \$35.00 made payable to the Florida Department of State.		(Name of Person)	(Area	a Code & Daytime Telephone Number	er)
Englosed is a check for \$55.00 made payable to the Florida Department of State.	Engle	assod is a shook for \$25,00 mada r	soughla to the Flo	orida Danartmant of State	
	Encl	is a check for \$55.00 made p	ayaore to the Fit	ortua Department of State.	
Mailing Address: Street Address:		Mailing Address:	Str	reet Address:	

Amendment Section
Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Chris Ladwig	Chief Design Officer	
l,	, hereby resign as (Title)	
	(Tiue)	
ATMOS HOME INC.		
of		,
(Na	ame of Corporation)	
82-2668373		
(5)	, a corporation organized under the laws of the State of	
(Document Number, if known) Florida		
Plorida		
	 '	
	///	3 =
	(Signature of resigning officer/director))
	(Signature of resigning officer/director)	웊눒
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		· 포워크
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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