

P17000077026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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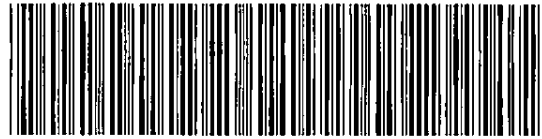
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Amendment Section
Division of Corporations

SUBJECT: Remade By Hand, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P17000077026

The attached Officer(s) and/or Representative for a Corporation and the attached fee for filing

Please return all correspondence concerning this matter to the following:

Michael Mankin
(Name of Person)

Remade By Hand, Inc.
(Name of Person/Corporation)

7 Powhatan St.
(Address)

Crawfordville, FL 32327
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Mankin - 850 491-7616
(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:
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 32301

CLERK OF STATE
TALLAHASSEE, FLORIDA

2024 DEC 27 PM 5:03

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OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, Michael Mankin, hereby resign as CEO.
(Title)

of Remade By Hand Inc.
(Name of Corporation)

P17000077026, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Michael Mankin
(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 32317

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA