

P17000085410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

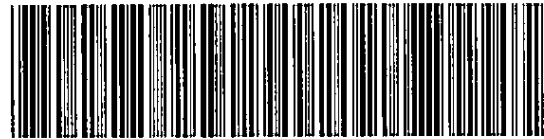
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500370489025

07/23/21--01016--014 **35.00

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cognis Group Inc

(Name of Corporation)

DOCUMENT NUMBER: P17000085410

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

Please return all correspondence concerning this matter to the following:

Sam Reiber

(Name of Person)

Cognis Group Inc

(Name of Firm/Company)

2415 Victoria Garden Lane

(Address)

Tampa, FL 33609

(City/State and Zip Code)

For further information concerning this matter, please call:

Sam Reiber at (813) 765-6821

(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 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Carole Wright, hereby resign as Treasurer
(Title)

of Cognis Group Inc.
(Name of Corporation)

P17000085410, 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