P170000 98647

(Re	equestor's Name)	 				
(Ad	idress)					
(Ac	ddress)					
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	usiness Entity Nan	ne)				
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to	Filing Officer:					

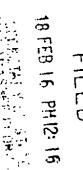




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SID-Resign

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CSCC - FSD TNC (Name of Corporation) DOCUMENT NUMBER: P17000698647
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Saurel Conjers (Name of Person)
(SLC - FSD TWC (Name of Firm/Company)
(City/State and Zip Code)
For further information concerning this matter, please call:
Saure Conjers at (127) 420 0375 (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

1	rellian	K. E	Balan	_, hereby res	sign as	VP	Γitle)		
of	<u>Os</u>	LC -			′				
PIT	UUUD 9		e of Corporati		ized under the	e laws of th	e State	of	
	Hovic	da	·						
			_						
			P	lu	2/13/	18			
			(Signature of	resigning offic	er/dir&ctor) T				
								18 FE8	···••

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