## P18000044468

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



200333646292

08/29/19--01001--004 \*\*35.00

19 AUG 29 AN '8 I L

SEP 1 0 2019 S. YOUNG

## TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Handful of Clams, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P1800004468
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Todd A Kasica
(Name of Person)
(Name of Firm/Company)
2718 State Road 13
(Address)
Jacksonville, FL 32259
(City/State and Zip Code)
For further information concerning this matter, please call:
Todd Kasica  (Name of Person)  at (Jou 47) - 3434  (Area Code & Daytime Telephone Number)
(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

ւ Linda Hagan	, hereby resign as Vice President	
	(Title)	
<sub>օք</sub> <u>Ha</u> ndful of Clams, I	nc.	
(Name	of Corporation)	
P1800004468	a corporation organized under the laws of the State of	
(Document Number, if known)	, a corporation organized under the laws of the State of	
Florida	·	
	<b>En 5</b>	
Sinda E	Signature of resignary officer/director)	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to: