

P 19 000016491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

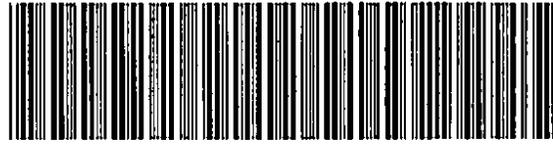
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000337463060

12/02/19--01025--010 **35.00

2019 Dec -2 PM 1:46

R. WHITE
JAN 13 2020

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Add A Lens, INC
(Name of Corporation)

DOCUMENT NUMBER: P19000016491

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Allen Jacobi
(Name of Person)

The Law Office of Allen Jacobi
(Name of Firm/Company)

11077 Biscayne blvd, suite 200
(Address)

Miami, FL 33161
(City/State and Zip Code)

For further information concerning this matter, please call:

Allen Jacobi at (305) 893-5644
(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

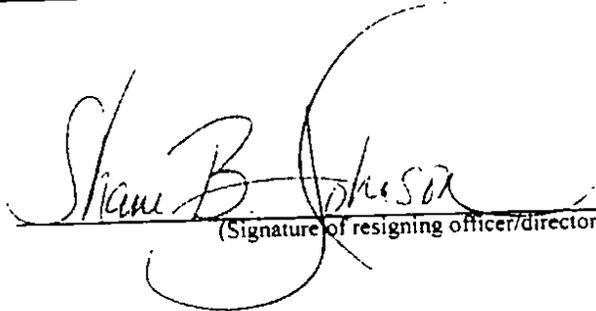
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Shani B. Johnson, hereby resign as President
(Title)

of Add A Lens, INC
(Name of Corporation)

P19000016491, 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

2019 DEC -2 PM 1:46