P19000094789

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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TRANSMITTAL LETTER

Amendment Section

Division of Corporations

The Centre of Tallahassec

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations Florida Distribution Consulting, Inc. (Name of Corporation) DOCUMENT NUMBER: P19000094789 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Emond (Name of Person) Florida Distribution Consulting, Inc (Name of Firm/Company) 100 Melrose Ct. (Address) Ponte Vendra Beach, FL 32082 (City/State and Zip Code) For further information concerning this matter, please call: Philip H. Emond at (_____) 695-2753 (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address: Street Address:

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Mary Susan Emond I,	, hereby resign as(Title)	
-,		(Title)
of FLORIDA DISTRIBUTION CONSULTING,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(Name of Co	rporation)	
P19000094789, a c	corporation organized under the laws or	f the State of
(Document Number, if known)		
FLORIDA		
May A	Luseen Emad ure of resigning officer/director)	2022 FEB 24 PM 3: I SECRE FARY OF STATALLAHASSEE, FL

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