(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Docu	ument Number)
Certified Copies	Certificate	es of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



600342755076

04/08/20--01011--007 **35.00

NSB 55 2010 C KIUZEA

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT:	
	(Name of Corporation)
DOCUMENT NUMBER: P2000000648	6
The enclosed Officer/Director Resignat	tion for a Corporation and fee are submitted for filing
Please return all correspondence concer	rning this matter to the following:
Benjamin Boss	
(Name of Person)	
Moving Day Experts Inc	
(Name of Firm/Compa	any)
3086 N Barton Creek Cir	
(Address)	
Lecanto, Florida 34461	
(City/State and Zip Co	ode)
For further information concerning this	matter, please call:
Benjamin Boss	at (419)681-2729 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made pa	ayable to the Florida Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Benjamin Boss I.	President	
	Title)	
Moving Day Experts Inc		
	(Name of Corporation)	
P20000006486	, a corporation organized under the laws of the State of	
(Document Number, if know	wn)	
Florida		
	 ·	
Ben	(Signature of resigning officer/director)	
	PR-8 AH	

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

FILING FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314