

P220000017123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

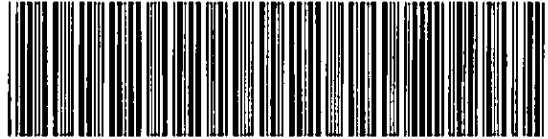
(Business Entity Name)

(Document Number)

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FALL RIVER, MA  
STATE OF MASSACHUSETTS

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Codin, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: P22666617123

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carl Westergren  
(Name of Person)

Codin, Inc  
(Name of Firm/Company)

1215 Greenwood Road  
(Address)

Jacksonville, FL 32207  
(City/State and Zip Code)

For further information concerning this matter, please call:

Carl Westergren at ( 904 ) 625-8346  
(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**

**FILED**

2022 SEP -6 PM 12:06

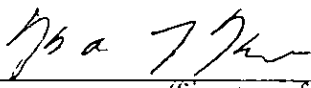
SECRETARY  
TALLAHASSEE, FL

I, Kathleen L Kaye, hereby resign as Vice President  
(Title)

of Codin, Inc  
(Name of Corporation)

P 22000017123, 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