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(Requestor's Name)		
(A	ddress)	
(A	ddress)	<u></u>
(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
(0	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer		
	J. HORNE AUG - 2 ZÚLD	





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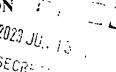
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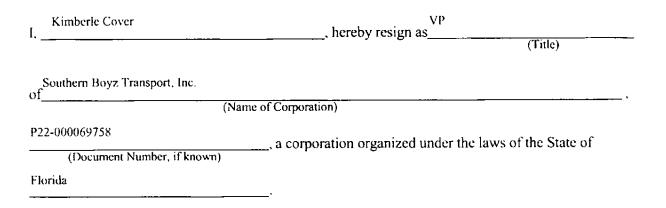
TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
Subject: Subject:		
SUBJECT.	(Name of Corporation)	
DOCUMENT NUMBER: P22-000069758		
The enclosed Officer/Director Resignation	for a Corporation and fee are submitted for filing	
Please return all correspondence concerning	ng this matter to the following:	
Cindy Claflin		
(Name of Person)		
Southern Boyz Transport Inc.		
(Name of Firm/Company)		
4235 Pine Tree Drive		
(Address)		
Saint Cloud, Florida 34772		
(City/State and Zip Code))	
For further information concerning this ma	atter, please call:	
Cindy Claftin	at (407 301-5426 (Area Code & Daytime Telephone Number)	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for \$35.00 made payal	ble to the Florida Department of State.	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
i dilaitassee, i E sesi-	2413 IN. MORIOE Street, Suite 610	

Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION





(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