

P 230000 29970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

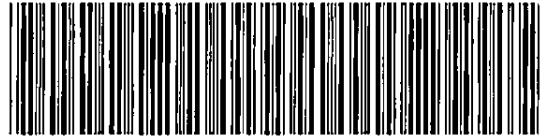
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400433981694

08/01/24--01005--003 **70.00

K. HUNT
08/01/24

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Jacksonville Mobile Notary & Apostille, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P23000029970

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

Please return all correspondence concerning this matter to the following:

Michael Patterson

(Name of Person)

Jacksonville Mobile Notary & Apostille, Inc.

(Name of Firm/Company)

116 Bracken Ct.

(Address)

Saint Johns, FL 32259

(City/State and Zip Code)

For further information concerning this matter, please call:

Timothy Shippee

(Name of Person)

at (904) 280-5575

(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
2661 Executive Center Circle
Tallahassee, FL 32301

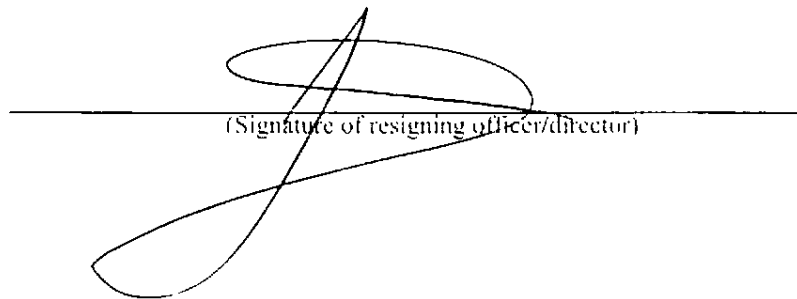
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, John A. Mendoza, hereby resign as President
(Title)

of Jacksonville Mobile Notary & Apostille, Inc.
(Name of Corporation)

P23000029970, 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