Requester's Name CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) -09/09/02--01086--002 *****35.00 *****35.00 (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Certified Copy ☐ Walk in Pick up time ☐ Will wait Photocopy Certificate of Status ☐ Mail out **NEW FILINGS AMENDMENTS** Profit Amendment ☐ Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger **OTHER FILINGS** REGISTRATION/QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership ☐ Reinstatement Trademark Other Examiner's Initials PS 5/10/10

CR2E031(7/97)

02 SEP -9 PM 2: 23
IALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION

I , Kristin Majewski	, hereby resign as President (Title)
of Audio Waves of Central Florida, Inc. (Name of Corporat	ion)
a corporation organized under the laws of the Sta	ate of Florida
and affirm that the corporation has been notified in writing of the resignation.	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314