P940000 90783

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Statu	us	
Special Instructions to Filing Officer:		

Office Use Only



600348992156

07/27/20--01075--021 **35.00

RECEIVED
JUL 2 4 2020

PILED
2020 JUL 24 AMII: 31
SECRETARY OF STATE

Ja onlin/20

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Robert C Weed Jr Design Inc	(Name of Corporation)	
DOCUMENT NUMBER: P94000090783	(
	n for a Corporation and fee are submitted for filing	
Please return all correspondence concerni	•	
Michael Matthews	mg.	
(Name of Person)		
Robert C Weed Jr Design Inc		
(Name of Firm/Company	·/)	
P O Box 328	,	
(Address)		
Ponte Vedra Beach, FL 32004		
(City/State and Zip Code		
For further information concerning this m	,	
Michael Matthews	•	
(Name of Person)	at (941) 568-3265 (Area Code & Daytime Telephone Number)	
Enclosed is a check for \$35.00 made paya		
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Christopher Monti I,	Vice President, hereby resign as
	(Title)
Robert C Weed Jr Design Inc	
(Na	ime of Corporation)
P94000090783 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	
	·
	·
	morte
	(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to FR Amendment Section

Amendment Section

Division of Corporations

P.O. Box 6327

P.O. Box 6327 Tallahassee, Florida 32314