P96000079194

| (Re | equestor's Name) | |
|---|--------------------|-----------|
| (Ac | dress) | |
| (Ad | dress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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04/12/04--01071--007 **35.00

2004 APR 12 PM 12: 33

officer Resignation 421-04

TRANSMITTAL LETTER

| SUBJECT: Belden & AGOCICITES INC (Name of Corporation) |
|--|
| DOCUMENT NUMBER: P9600079194 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following: |
| Rachel Cook (Name of Person) |
| Friction & Accounted (Name of Firm/Company) |
| 3890 Turtle Creek Dr. GuiteB |
| Por + Orange, FC 30107 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Rachel Cook at (386) 188-6057 (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

Amendment Section Division of Corporations

TO:

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RESIGNATION BY OFFICER OR DIRECTOR 2004 APR 12 PM 12: 33

| Effective Date of Resignation | County and State |
|--|---|
| October 24, 2003 | Volusia, Florida |
| RESIGNOR (Officer or Director Resigning Name, Address and Zip Code) Victoria L. Belden 5825 Southport Drive Port Orange Florida 32127 (Hereinafter Resignor) | CORPORATION (Name, Address and Zip Code) Belden & Associates, Inc. 5825 Southport Drive Port Orange Florida 32127 |

Positions Held with Corporation for Which Resignation Is Effective Vice-President & Secretary/Treasurer

I, the Resignor, hereby tender my resignation to the above-named positions I currently hold with the Corporation. My request that my resignation be effective as of the effective date above.

Victoria & Boldon Signature of Victoria L. Belden

We, the Directors for this Corporation, hereby accept the resignation of Resignor to be effective as of the effective date above. We further, in accepting this resignation and having found no acts of misfeasance or non-feasance on the part of the Resignor, agree to hold Resignor harmless for all acts of misfeasance or nonfeasance committed in the course of holding this position with the Corporation.

RESIGNATION BY OFFICER OR DIRECTOR co-21 © LawForms 4-83, 5-98

| Wayne L. Belden, Sr. | Victoria L. Belden | |
|--|---|--|
| | | |
| Signatu | are of Directors | |
| STATE OF Florida | Date of this Acknowledgment | |
| COUNTY OF Volusia | 15 march 24, 2004 | |
| | lic, personally appeared Wayne L. Belden, Sr. Known to be or satisfactorily proven tand acknowledged that he executed the same. If this persons name is subscribed in | |
| Notary Expiration Date SONYAL FLAGG MY COMMISSION # DB 112062 | Signature of Notary Public | |
| STATE OF Flores Express May 12, 2006 EXPRES. May 12, 2006 EXPRES. May 12, 2006 EXPRES. May 12, 2006 | Date of this Acknowledgment SS. | |
| COUNTY OF Volusia | 1° march 24, 2004 | |
| Acknowledgment. On this date before me a Notary Pub the person whose name is subscribed to this instrument and representative capacity, it is for the principle named and in the | lic, personally appeared Victoria L. Belden Known to be or satisfactorily proven to b acknowledged that he executed the same. If this persons name is subscribed in | |
| Notary Expiration Date | Signature of Notary Public | |
| SONYAL FLAGG MY COMMISSION # DD 112062 | | |
| STATE OF Florida Services Bonded Thru Budget Notary Services COUNTY OF Valusia | Date of this Acknowledgment SS. | |
| Acknowledgment. On this date before me a Notary Pub- name is subscribed to this instrument and acknowledged that he is for the principle named and in the capacity indicated. | lic, personally appeared Known to be or satisfactorily proven to be the person whose executed the same. If this persons name is subscribed in a representative capacity, | |
| Notary Expiration Date | Signature of Notary Public | |
| ——STATE OF Florida | Date of this Acknowledgment | |
| COUNTY OF Volusia | \$s. | |
| ——Acknowledgment. On this date before me a Notary Pub name is subscribed to this instrument and acknowledged that he is for the principle named and in the capacity indicated. | lic, personally appeared. Known to be or satisfactorily proven to be the person whose executed the same. If this persons name is subscribed in a representative capacity, | |
| Notary Expiration Date | Signature of Notary Public | |
| | | |