

Address *****70.00 *****35.00 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in Pick up time Certified Copy Mail out Photocopy ☐ Will wait Certificate of Statis NEW FILINGS AMENDMENTS ... Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger Edogo Osa Way REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

OFFICER / DIRECTOR RESIGNATION

I, BETH A, DAY, hereby resign as VICE	-PRESIDENT
of Continuing Education Services, Inc. (Name of Corporation)	
a corporation organized under the laws of the State of FLORIDA	<u>.</u>
and affirm that the corporation has been notified in writing of the resignation.	99 JUN SECRET
(Signature of resigning officer/director)	SSEE. P
(Signature of plagning critical and color)	O: 57 -ORID

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