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Tracy Barton
14 Deport Lane
St. Agustine Fr.
32084

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Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

| 1. | | | | | | _ | |
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| (Corporation Name) | | - | (Document #) | | SECRE | on off P | |
| (Corporation Name) | | | (Document #) | | ASSEE. | FILED AM II: 57 00 SEP 20 AM II: 57 TALLAHASSEE. FILORIO | |
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| ☐ Walk in | Pick up time | | | [| Certified Copy | · | |
| ☐ Mail out | ☐ Will wait | | Photocopy | [| Certificate of Status | ; | |
| NEW FILINGS | 1 | AM | ENDMENTS | - | | | |
| Profit Not for Profit Limited Liability Domestication Other | | | Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger | | | | |
| OTHER FILINGS | | RE | REGISTRATION/QUALIFICATION | | | | |
| Annual Report Fictitious Name | | | Foreign Limited Partne Reinstatement Trademark Other | | OID pes- | | |
| | | | | | Examiner's Initials | | |

CR2E031(7/97)

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00 SEP 20 AM 11:57

OFFICER / DIRECTOR RESIGNATION SECRETARY OF STATE TALL AHASSEE. FLORIDA

| I, Tracy Barton | , hereby resign as_ | Olrector BOCOCOCO CONTROL (Title) |
|---|--|---|
| of the Dance Garage | , inc. (Name of Corporation) | · |
| a corporation organized under the laws of | of the State of Florida | , |
| and affirm that the corporation has been | notified in writing of the resignat | ion. |
| | (Signature of resigning officer/director | · · |

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