(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

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COVER LETTER

Street Address:

TO:

Amendment Section Division of Corporations

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

- Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	SARAH A. MULTER, hereby resign as True	(Title)
of	CROWN SEAMLESS GUHERS, TO	<u>C</u>
Pa	(Document Number, if known), a corporation organized under the laws of	of the State of
	Flazida.	
	(Signature of resigning officer/director)	_ t s
		TALLAHAS
		SEX T
	FILING FEE IS \$35.00	AM 7: 08

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314