| (Rec | juestor's Name) | |
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| (City | /State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | of Status |
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| Special Instructions to F | | |
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Office Use Only



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TRANSMITTAL LETTER

| Division of Corporation | IS . | | • |
|--|---|------------------------|-----|
| SUBJECT: | JOE W. MANGE COMPANY (Name of Corporation) | | |
| DOCUMENT NUMBER: | • • | | |
| | | | |
| | Resignation for a Corporation and fee | • | |
| Please return all correspondence | e concerning this matter to the follow | ving: | |
| JOANN MANGE | | | |
| (Name of | Person) | | |
| JOE W. MANGE COMPANY | | | |
| (Name of Fire | n/Company) | | |
| 5400-6 VERNA BLVD. | | | • |
| (Addr | ess) | | |
| JACKSONVILLE, FL 3220 | 5 | | |
| (City/State an | d Zip Code) | | |
| For further information concern | ing this matter, please call: | | |
| JOANN MANGE | at (904) 786-9 | 3476 | |
| (Name of Person) | (Area Code & Day) | time Telephone Number) | |
| Enclosed is a check for \$35.00 | made payable to the Florida Departm | nent of State. | |
| Mailing Address: Amendment Section | Street Address: Amendment Section | | |
| Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 | granda et al. | 75. |

Amendment Section

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, R | AY WIDDOWSON | | , hereby resign as | _ DV |
|------|-------------------|------------|-----------------------------------|-------------------------|
| - | | | | (Title) |
| | | | | • |
| of | JOE | E W. MANGE | COMPANY | |
| _ | | (Nam | e of Corporation) | |
| | V19527 | | , a corporation organized under t | he laws of the State of |
| | (Document Number, | if known) | | |
| | FLORIDA | | • | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

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