

N10000004428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

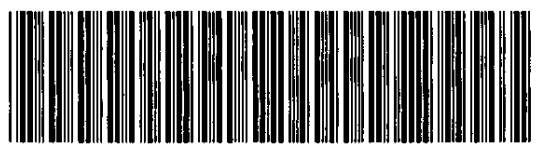
(Business Entity Name)

(Document Number)

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*Resignation
of officer*

06/07/13--01007--004 **35.00

FILED
2013 JUN -7 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Doc
6/12/13*

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BEYOND BLIND INSTITUTE, INC.
(Name of Corporation)

DOCUMENT NUMBER: NI 0000004428

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KAREN M SPEARS
(Name of Person)

N/A
(Name of Firm/Company)

4700 SW COUNTRY PLACE
(Address)

PALM CITY, FL 34990
(City/State and Zip Code)

For further information concerning this matter, please call:

KAREN M SPEARS at (772) 708-1139
(Name of Person) (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

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

2013 JUN -7 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, KAREN MSPEARS, hereby resign as SECRETARY
(Title)

of BEYOND BLIND INSTITUTE, INC., EFFECTIVE JUNE 03, 2013,
(Name of Corporation)

N10000004428, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Karen M Spears 6-4-2013
(Signature of resigning officer/director)

FILING FEE IS \$35.00

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

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