

(Re	questor's Name)				
(Ad	dress)				
(Ad	idress)				
(Cit	y/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nam	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				

Office Use Only



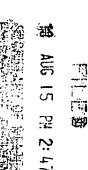
400249988214

08/15/13--01008--002 **35.00

010862

AUG 20 2013

R. WHITE





TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: The Giving Alphabet Inc. (Name of Corporation)
DOCUMENT NUMBER: N 120000 9695
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Laurie Haston (Name of Person)
(Name of Firm/Company)
6501 Quail Valley Poad (Address)
Tallahassee, FL 32309 (City/State and Zip Code)
For further information concerning this matter, please call:
Laurie Haston at (850) 528-0587 (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

i, Lauri	e Haston	, hereby resign as	Officer	itle)
of the G	aiving Alphab	et oration)		,
	0009695 , a co. mber, if known)	rporation organized und	er the laws of the	: State of
Florida	·			
	^			
	Haure A	Haston of resigning officer/director	r)	DE AUG
				15 PM
				2 N

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