## N1900003736

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
;		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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LDR		

Office Use Only



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SECRETARY OF STATE CORPORATIONS

J DEI 14 2022

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
COMPASSIONATE COPS, INC.	
	(Name of Corporation)
DOCUMENT NUMBER: N19000003736	
The enclosed Officer/Director Resignation	for a Corporation and fee are submitted for filing
Please return all correspondence concerning	g this matter to the following:
(Name of Person)	
(Name of Firm/Company)	
22220 RED LAUREL LANE	
(Address)	
ESTERO, Fl. 33928	
(City/State and Zip Code)	
For further information concerning this mat	tter, please call:
CASMINE Dell Aquila	848-0929
(Name of Person)	at ( S16) & Paytime Telephone Number)
Enclosed is a check for \$35.00 made payab	le to the Florida Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _abbi smith	, hereby resign as Board Member	
	(Title)	
COMPASSIONATE COPS, INC. of		
(Name of	Corporation)	
N19000003736	a corporation organized under the laws of the State of	
(Document Number, if known)	a corporation organized and of the bank of	
FLORIDA		
$\wedge$		

## 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