P00000061723

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		of Status
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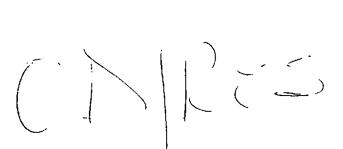
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: BETTER LIFE CORP.	Name of Corporation)	
DOCUMENT NUMBER: P00000061723	. talle of corporation,	
	or a Corporation and fee are submitted for filing	
Please return all correspondence concerning	this matter to the following:	
MILEIDY JIMENEZ		
(Name of Person)		
(Name of Firm/Company)		
5750 NW 192 STREET		
(Address)		
MIAMI, FLORIDA 33015		
(City/State and Zip Code)		
For further information concerning this matter	er, please call:	
DANIEL MARZANO, ESQ.	at (
(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	Street Address: Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroc Street, Suite 810 Tallahassee, FL 32303	

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ALLEN JIMENEZ I,	PRESIDENT, hereby resign as	
1,	Title)	
BETTER LIFE CORP.		
(Name o	of Corporation)	
P00000061723 (Document Number, if known)	_, a corporation organized under the laws of the State of	
FLORIDA		
	_	
N AAA		
ttl.	ignature of resigning officer/director)	
(5	ignature of resigning officerative tory	

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