

**No 7008004753**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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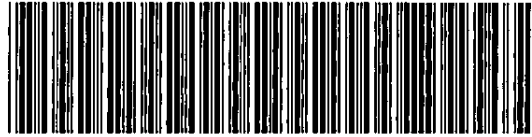
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DIVISION OF CORPORATIONS  
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*Resign.*  
*588*

**G. Courlette** OCT 03 2007

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Higher Dimensions Support Services, Inc.

**DOCUMENT NUMBER:** NO7000004753

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maryam Murbe Solola  
(Name of Contact Person)

Higher Dimensions Support Services, Inc.  
(Firm/ Company)

1509 S. Wickham Road  
(Address)

West Melbourne FL 32904  
(City/ State and Zip Code)

For further information concerning this matter, please call:

Maryam Solola at (321) 254 8975  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☒ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

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

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Binta Lynch, hereby resign as Vice President  
(Title)

of Higher Dimensions Support Services, Inc.  
(Name of Corporation)

N 07 000004753 a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Binta Lynch  
(Signature of resigning officer/director)

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**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