

N21000013099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

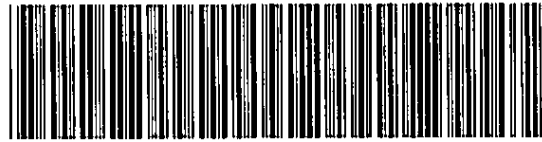
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE

APR 22 2022

Office Use Only



400384924314

04/04/22-01009--009 \$25.00

FILED  
2022 APR -4 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

SUPPORT OUR SCHOOLS, USA INC

**SUBJECT:** \_\_\_\_\_  
(Name of Corporation)  
N21000013099

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

LISA SCHURR

\_\_\_\_\_  
(Name of Person)

SUPPORT OUR SCHOOLS, USA INC

\_\_\_\_\_  
(Name of Firm/Company)

622 SIESTA DRIVE

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

SARASOTA, FLORIDA, 34242-1050

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

LISA SCHURR

941

740-8155

\_\_\_\_\_  
(Name of Person) at (\_\_\_\_\_) \_\_\_\_\_  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

JULIETTE SCHOLLES

DIRECTOR AND CHIEF EXEC. OFFICER

I, \_\_\_\_\_, hereby resign as \_\_\_\_\_  
(Title)

SUPPORT OUR SCHOOLS, USA INC

of \_\_\_\_\_,  
(Name of Corporation)

N21000013099

\_\_\_\_\_, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA



\_\_\_\_\_  
(Signature of resigning officer/director)

**FILED**  
2022 APR -4 AM 10:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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