

FB00000 2916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

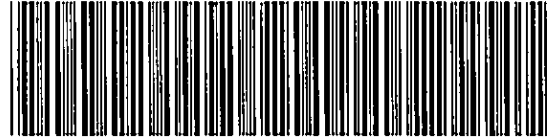
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 31 2019

T SCHROEDER

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HELPMEDONATE, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** F13000002916

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

Please return all correspondence concerning this matter to the following:

**SUSAN WEISS**

(Name of Person)

(Name of Firm/Company)

**1184 79TH ST S**

(Address)

**ST PETERSBURG, FL 33707**

(City/State and Zip Code)

For further information concerning this matter, please call:

**SUSAN WEISS**

(Name of Person)

at ( **727** ) **560-5552**

(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

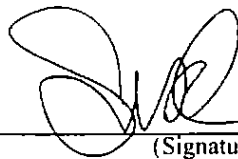
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Susan Weiss, hereby resign as VCVP  
(Title)

of HELPMEDONATE, INC.  
(Name of Corporation)

F13000002916, a corporation organized under the laws of the State of  
(Document Number, if known)

DELAWARE

  
(Signature of resigning officer/director)

**FILED**  
**19 MAY 16 PM 5:18**  
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