F2300000 4544

(Ke	questor's Name)		
(Add	dress)		
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(City	y/State/Zip/Phone #)		
☐ PICK-UP	■ WAIT	MAIL	
(Bus	siness Entity Name)		
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Certified Copies	Certificates of	Statue	
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Special Instructions to F	————— Filing Officer:		
		J. HORNE	
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Office Use Only



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TRANSMITTAL LETTER

SUBJECT: FI WE CHILDREN FOUNDATION INCORPORE (Name of Corporation)	TED
DOCUMENT NUMBER: F230000 4544	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing	ng.
Please return all correspondence concerning this matter to the following:	
AFRICKA STEPHENS (Name of Person)	
FI WE CHILDREN FOUNDATION INC., (Name of Firm/Company)	
32 DOOGE STEET (Address)	
BLOCK ISLAND, RHODE ISLAND, 02807 (City/State and Zip Code)	
For further information concerning this matter, please call:	
AFKICKA STEPHENS at (401) 212-5238 (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

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

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TO:

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

l、	<u> </u>	<u>XEAN</u>	GRIFFI	THS	, hereby resig	gn as	<u>ADMINISTRATIVE</u>	<u>Manaber</u>
						_	(Title)	
of	FI	HE	CHILDRE	EN FO	UNDATION	Jr.	TOKATED	
			(Na	ine of Corpor	ration)		· · · · · · · · · · · · · · · · · · ·	·
c.	220-	0 0 0 <i>(</i> 1	- 1 d					
	2300(er, if known)	, a corp	poration organiz	ed und	ler the laws of the State o	f
	(1700-01)	nent runio	er, ii knowii)					
	A.	OKIDA	k	•				
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					34 AP			
		_	_	(Signature	of resigning office	r/directo	or)	

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