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## **COVER LETTER**

Division of Corporations
SUBJECT: Betterment of Life, Inc. (Name of Corporation)
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:
(Name of Person)
Betterment or Live, Tric. (Name of Firm/Company)
36246 Emerald Coast Parkway (Address)
Dostin, FL 32541 (City/State and Zip Code)
For further information concerning this matter, please call:
(Narde of Person) at (SD) ) 654-88-83 (Area Code & Daytime Telephone Number)

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

Amendment Section

TO:

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Unda M. Boyer hereby resign as Secretary Tre	asuro	<u>er</u>
of Betterment of Life, Inc- (Name of Corporation)		_,
(Document Number, if known) a corporation organized under the laws of the Sta	te of	
Horrida Georgia.		
<u>.                                      </u>		
(Signature of resigning officer/director)	80	SE
	ا 2عادر 98	CRETARY LAHASS

Amendment Section
Division of Corporations
P.O. Box 6327

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Tallahassee, Florida 32314