

H57131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

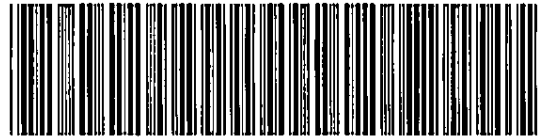
(Business Entity Name)

(Document Number)

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old Resignation

OCT 02 2018

D CUSHING

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMELIA HOME HEALTH SERVICES, INC.
(Name of Corporation)

DOCUMENT NUMBER: H57131

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

Please return all correspondence concerning this matter to the following:

Christy B. Chambers
(Name of Person)

AMELIA HOME HEALTH SERVICES, INC.
(Name of Firm/Company)

940233 OLD NASSAUVILLE RD
(Address)

FERNANDINA BEACH, FL 32034
(City/State and Zip Code)

For further information concerning this matter, please call:

Christy B. Chambers at (904) 607-5178
(Name of Person) (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

19 OCT -1 PM 12:56
CORPORATION DIVISION
STATE OF FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, LINDA GOULD, hereby resign as SD
(Title)

of AMELIA HOME HEALTH SERVICES, INC.
(Name of Corporation)

H57131, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

RECEIVED
CORPORATION DIVISION
STATE OF FLORIDA
MAY 11 1998

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