No100000143

(Requestor's Name)				
	Professional Op Program for Sti 1401 W. Coloni Orlando, FL 328	udents, Inc. ial Drive		
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
·	·	,		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Fi	ling Officer			
Special instructions to Fi	ling Onicer.	•		
		i		





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08/16/11--01003--004 **35.00

FILED

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SECKETARY OF STATE
AND ASSEF FI OR DA



OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

MONICA SPIRES	, hereby resign as CEO		
7		(Title)	
OI .	RTUNITIES PROGRAM FOR STUDENTS, IN	IC.	
0	Name of Corporation)		
N0100000943 (Document Number, if known)	, a corporation organized under the laws of t	the State of	
FLORIDA	*		
_1/60	MWW APM (Signature of resigning officer/director)	11 AUG 16 PM L SECRETARY OF S TALLAHASSEE. FLO	

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

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SECKETARY OF STATE
FALLAHASSEE