NO3000000009

(Req	uestor's Name)	
(Address)		
(Add	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
·		

Office Use Only



100136368231

11/04/08--01015--019 **105.00

20 100 -1. PH 12: 4 1

SECRETARY OF STATE DIVISION OF COSPORATIONS

DD Res

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: New Alternatives In Community Living, Inc.		
DOCUMENT NUMBER: N0300000609		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Rose Washington (Name of Contact Person)		
New Alternatives In Community Living, Inc. (Firm/Company)		
1406 SE 36th Ave (Address)		
Ocala FL 34476 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Rose Washington at (352) 246-0156 (Name of Contact Herson) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
▼\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee \$Certificate of Status		
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Chiquita King	, hereby resign as Secretary (Title)
	1.	(Title)
of	New Alternatives	In Community Living, Inc.
		e of Corporation)
	NO3 00000 609 (Document Number, if known)	, a corporation organized under the laws of the State of
	Florida	·

(Signature of resigning officer/director)

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

SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
CO NON -4 PH 12: 41