

NO3000004214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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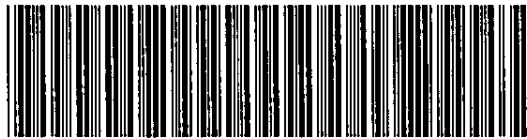
(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: New Harvest Educational Centers Inc.
(Name of Corporation)

DOCUMENT NUMBER: NO3 00000 4214

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

Please return all correspondence concerning this matter to the following:

David Strickland
(Name of Person)

New Harvest Ed. Centers
(Name of Firm/Company)

370 Holiday Isles Dr Clewiston, FL 33440
(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

Cycle Johnson at (863) 805-0001
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Jennifer Strickland, hereby resign as Director BOD
(Title)

of New Harvest Educational Centers, Inc.
(Name of Corporation)

NO3000004214, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

Jen C. Strickland
(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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