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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Student Ortistic Financial Foundation Inc. (Name of Corporation)
DOCUMENT NUMBER: N03000009 344
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mona Copet (Name of Person)
Student arhistic Financial Foundation Inc (Name of Firm/Company)
555 NE 15th Street Svite 7730 (Address)
MiGMI, FL 33132 (City/State and Zip Code)
For further information concerning this matter, please call:
Mane of Person) at (305) 579 - 5950 (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, Martha Gontalt, hereby resign as Director (Title)	
of Student artistic Financial Foundation, Inc. (Name of Corporation)	
NO30000 9 344 a corporation organized under the laws of the State of (Document Number, if known)	
<u>Florida</u>	
, Here	)
(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