N0400002340

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	∍#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(52	omodo Endry Ham	
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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06 SEP 18 PM 3: 47
SECRETARY OF STATE

05 2/12/02 0/plas **COVER LETTER**

Amendment Section Division of Corporations TO:

OCUMENT NUMBER: N0400002340	011)
The enclosed Officer/Director Resignation for a Corporation at	nd fee are submitted for filing
Please return all correspondence concerning this matter to the	following:
Jason Wilburn	
(Name of Person)	
(Name of Firm/Company)	
1223 E. North Bay St.	
(Address)	
Tampa, FL 33603	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Michael E. Steuer, CPA at (727	797-9000 Daytime Telephone Number)
(Name of Person) (Area Code &	Daytime Telephone Number)

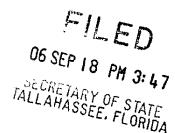
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

CR2E044(06/05)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



Jason Wilburn	, hereby resign as Director	
······································	(Title)	
Clifford Hill Community Outrea	ach Center, Inc.	
(Name	of Corporation)	
(Document Number, if known)	, a corporation organized under the laws of the State of	
lorida	<u>_</u> .	
Da.	son Will	
	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