(Red	questor's Name)					
(Add	dress)					
(Address)						
(City/State/Zip/Phone #)						
, PICK-UP	☐ WAIT	MAIL				
(Bus	siness Entity Nan	ne)				
(Doe	cument Number)					
Certified Copies Certificates of Status						
Special Instructions to I	iling Officer:					
	<u></u>	<u></u>				

Office Use Only



600058628796

0%/22/05-01015-013 **157,50



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Pure Health Inc. (Name of Corporation)
DOCUMENT NUMBER: NO 5000 000 355
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ethan Bloch (Name of Person)
(Name of Person) Pure Health In C. (Name of Firm/Company)
3324 West University Aue. PMB 337 (Address)
Gaineouille, F1 32607 (City/State and Zip Code)
For further information concerning this matter, please call:
Sasha Bloch at (443, 831-4880 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Sam	Schwart	· e	_, hereby resign as	Vice Presidente	Lent
of	F	Pure Health	Tvc.			٠
	NOS000 (Document Nurr	000355	•	•	the laws of the State of	
	Flori	ida_	<u>·</u>			
			8			
			(Signature of	resigning officer/director)	<u> </u>	

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