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. NOTOC	2006148
(Requestor's Name) (Address) (Address)	100070881971
(City/State/Zip/Phone #)	04/20/0601022021 **35.00
Certified Copies Certificates of Status	DIVISION OF CORPORATIONS 06 APR 20 AM 8: 58
Office Use Only	Ω

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TRANSMITTAL LETTER	
TO: Amendment Section Division of Corporations	
SUBJECT: Open Hands To The Children Corp. (Name of Corporation) DOCUMENT NUMBER: N D.500000 6148	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Willie MARY GIVENS (Name offPerson)	

(Name of Firm/Company) 33024 -L nes (City/State and Zip Code)

For further information concerning this matter, please call:

VENC Code & Daytime Telephone Number) Area (Name of Person)

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

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

DIVISION OFFICER / DIRECTOR RESIGNATION APR 20 AM 8:58 STATE RATIONS į, Villie MAR VENS, hereby resign as TREASURER (Title) L _ hildren o Thel 0 (Name of Corporation) a corporation organized under the laws of the State of orida

(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