N050000000343

(Red	questor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to F	Filing Officer:			

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(103/25/13)

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Burundi Orphan Relief, Inc.				
(Name of Corporation) DOCUMENT NUMBER: N0500007343				
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for fil				
Please return all correspondence concerning this matter to the following:				
Sandra C. Moher				
(Name of Person)				
Burundi Orphan Relief, Inc.				
(Name of Firm/Company)				
2343 Holly Lane				
(Address)				
Palm Beach Gardens, FL 33410-1314				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Sandra C. Moher <u>at (561) 676-6900</u>				
(Name of Person) (Area Code & Daytime Telephone Number				

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Burundi Or			(Title)
1050000	(Name of		,
INCANANT	•	Corporation)	
NO500007 (Document Number, if		, a corporation organized under t	he laws of the State of
lorida			
	Vency (\$1)	gnature of resigning officer/director)	13 Wat 22 PH
	lorida 	Dance	Concy From (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