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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT:	Brevard Life Center Name of	For Am	erica, I	nc
DOCUMENT NUMBER	t: N07	700000	457 <u>2</u>	
The enclosed Statement o	f Change of Registered Offi	ce/Agent a	and fee are	submitted for filing.
Please return all correspon	ndence concerning this matt	er to the fo	llowing:	
	Paul I Name of C	Rosbury ontact Pers	son	
	Brevard Life Cent Firm/C	er For Ar Company	merica, I	nc.
	1773 Pine	ewood Ro	oad	
	Melbourne City/State	∍, FL 329 and Zip Co	934 ode	,
E-ma	prosbury@ il address: (to be used for	Difecta.o future an	rg nual repo	rt notification)
For further information co	oncerning this matter, please	call:	-	·
	Rosbury	at (	321	480-7422
Name of (	Contact Person	Aı	rea Code d	Daytime Telephone Number
Enclosed is a \$35.00 chec	k made payable to the Depa	urtment of	State.	
7	Mailing Address: Amendment Section Division of Corporations			ment Section
	Division of Corporations 2.O. Box 6327			n of Corporations Building
Ì	allahassee, FL 32314		2661 E	xecutive Center Circle ssee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

2010 AUG -3 AM 9: 34

SECRETARY OF STATE

William D. Langston	, hereby resign as Director
· · · · · · · · · · · · · · · · · · ·	(Title)
Brevard Life Center For A	merica, Inc.
<u> </u>	Name of Corporation)
N0700004572 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	·
JM	(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