

No 7008004753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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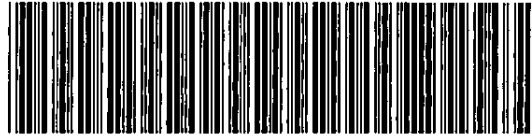
(Business Entity Name)

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Resign.
588

G. Courlette OCT 03 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Higher Dimensions Support Services, Inc.

DOCUMENT NUMBER: NO7000004753

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maryam Murbe Solola
(Name of Contact Person)

Higher Dimensions Support Services, Inc.
(Firm/ Company)

1509 S. Wickham Road
(Address)

West Melbourne FL 32904
(City/ State and Zip Code)

For further information concerning this matter, please call:

Maryam Solola at (321) 254 8975
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☒ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Binta Lynch, hereby resign as Vice President
(Title)

of Higher Dimensions Support Services, Inc.
(Name of Corporation)

N 07 000004753 a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Binta Lynch
(Signature of resigning officer/director)

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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