## PE8200000101

| (Requesto                        | 's Name)               |
|----------------------------------|------------------------|
| (Address)                        |                        |
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| (City/State                      | /Zip/Phone #)          |
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SECRETARY OF STATE
TALLAHASSEE, FLOREDA

ola Resignation

## TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations  |  |
|---|--|
| SUBJECT: The Project S.H.I.N.E. Inc. (Name of Corporation)                                    |  |
| DOCUMENT NUMBER: NO700006824  |  |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |  |
| Please return all correspondence concerning this matter to the following:                     |  |
| Tachonta Wooten (Name of Person)  |  |
| (Name of Firm/Company)  |  |
| 6743 Holly HEATH DRIVE (Address)  |  |
| RIVERVIEW, FL 33578 (City/State and Zip Code)   |  |
| For further information concerning this matter, please call:                                  |  |
| Roderick BALNES at (813) 810 - 3196 (Name of Person) (Area Code & Daytime Telephone Number)   |  |
| Enclosed is a check for \$35.00 made payable to the Florida Department of State.              |  |

Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| 1, Tachonta Wooten, hereby resign as Vice President Director                                    |
|---|
|   |
| of The Project S.H.I.N.E. INC<br>(Name of Corporation)  |
| M0700006824, a corporation organized under the laws of the State of (Document Number, if known) |
| Florida.  |
|   |
|   |
| (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

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SECRETARY OF SAFE