

✓ NO80000007124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

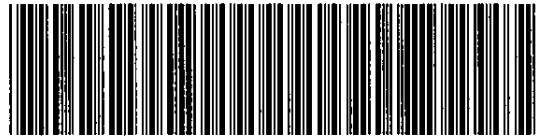
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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@ 4/6/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Helping Hands Neighborhood Network Center, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N08000007124

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John D. Corse

(Name of Person)

Helping Hands Neighborhood Network Center, Inc.

(Name of Firm/Company)

4000B St Johns Ave, Suite 22

(Address)

Jacksonville, FL 32205

(City/State and Zip Code)

For further information concerning this matter, please call:

John D. Corse

(Name of Person)

at (904) 477-4295

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

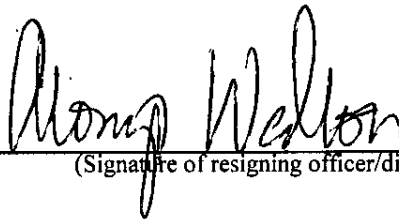
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Alonzo D Walton, hereby resign as Chairman & President
(Title)

of Helping Hands Neighborhood Network Center, Inc.
(Name of Corporation)

N08000007124, 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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