

NO9000003475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

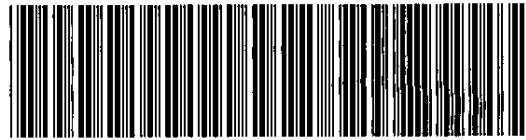
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900209500379

07/01/11--01018--020 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL -1 PM 2:16

OD/Res
@ 7/5/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HIGHER LEARNING FOUNDATION INC.
(Name of Corporation)

DOCUMENT NUMBER: N09000003475

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

Please return all correspondence concerning this matter to the following:

TIMOTHY WINGATE JR

(Name of Person)

(Name of Firm/Company)

5285 HELENE PLACE

(Address)

WEST PALM BEACH/FLORIDA 33407

(City/State and Zip Code)

For further information concerning this matter, please call:

TIMOTHY WINGATE JR

(Name of Person)

at (561) 718-2433

(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

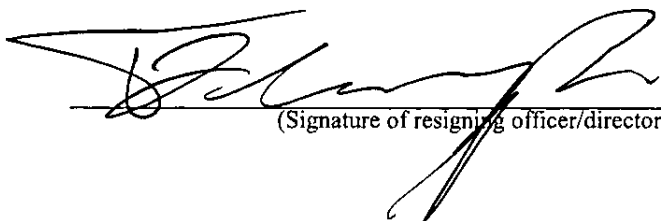
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, TIMOTHY WINGATE JR, hereby resign as TREASURER
(Title)

of HIGHER LEARNING FOUNDATION INC.
(Name of Corporation)

N9000003475, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL - 1 PM 2:16

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