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Office Use Only



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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Alpha Christian Counse	eling services of Palm Coast Inc.
SUBJECT: 7 uprid of model of observed	(Name of Corporation)
DOCUMENT NUMBER: N09000	0009079
	tion for a Corporation and fee are submitted for filing
Please return all correspondence conce	•
Dr Maria Pinto Barbosa	
(Name of Person)	
(
Alpha Christian Counseling service	
(Name of Firm/Compa	any)
9 D Palm Harbor Village Way	
(Address)	· · · · · · · · · · · · · · · · · · ·
Palm Coast, FI 32137	
(City/State and Zip Co	ode)
For further information concerning this	s matter, please call:
Dr Maria Pinto Barbosa	at (386) 206-6325 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made pa	ayable to the Florida Department of State.
Amendment Section A Division of Corporations D Clifton Building P	Iailing Address: Immendment Section Division of Corporations Post Office Box 6327 Callahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



Xavier, Marcos, R	, hereby resign as Director
	(Title)
of Alpha Christian Counsel	ing services of Palm Coast Inc
<u> </u>	(Name of Corporation)
N0900009079 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	·
•	

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

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