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COVER LETTER

TO:	Amendment Section Division of Corporations
	Heroes
SUBJI	Herores Herores ECT: Equine Assisted Therapies Inc (Name of Corporation)
DOCU	JMENT NUMBER:
The en	closed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
<u> </u>	Jennifer Jaschinski (Name of Person)
	(Name of Firm/Company)
	14933 128th Air North
•	(Address) Palm Beach Gadens FL 33469 US (City/State and Zip Code)
For fur	ther information concerning this matter, please call:
_	(Name of Person) at (SU) 596-2354 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclos	ed 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, _	Jennifer K. Jaschinsk, hereby resign as VP
of_	Driven Here's Equine Assisted The Maple
	(Name of Corporation) (Name of Corporation) (Document Number, if known)
	Florida.
	Which Coxelination (Signature of resigning officer/director) 7 (Signature of resigning officer/director) 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8

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