n 120000103

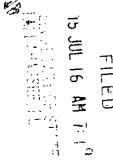
(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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07/16/15--01007--008 **35.00





OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, TOHANNA CELCIS, hereby resign as Vice Presiden
of Boloo children's Health or GANIZATION inc.
N1200007102, 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 323!4

15 JUL 16 AH 7: 19

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Bolod Children's Health organization inc
DOCUMENT NUMBER: N1200000 7102
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOHANNA CELCIS (Name.of Person)
Bolon children StealTh organiz Ation in C (Name of Firm/Company)
20462 NW 18 AUC (Address)
MIAM, GARDENS FC 33056 (City/State and Zip Code)
For further information concerning this matter, please call:
PLIE BELLUNE at (305) 216-8655 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

TO: Amendment Section

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