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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PRISON LIFE EDUCATION INC.
(Name of Corporation)

DOCUMENT NUMBER: N 14000009278

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

Please return all correspondence concerning this matter to the following:

PAPA ILWAME CHAMPON
(Name of Person)

PRISON N/A. N/A
(Name of Firm/Company)

5299 EUROPA DRIVE #P
(Address)

BOYNTON BEACH FL 33437
(City/State and Zip Code)

For further information concerning this matter, please call:

PAPA ILWAME CHAMPON at (561) 303 5674
(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

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

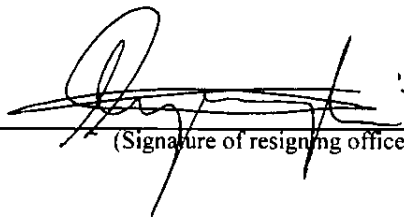
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, PAPA KWAME CHAMPON, hereby resign as OFFICER / DIRECTOR DETAIL
(Title)

of PRISON LIFE EDUCATION INC.,
(Name of Corporation)

N 1400000 9278, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

15 JAN 12 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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