N140000009920

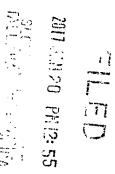
(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone	a #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
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TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

.		
SUBJECT: Disa	abled Childrens Associa	•
	(Name of Corpo N14000009920	ration)
DOCUMENT NUMBER:_	1114000009920	
The enclosed Officer/Directo	r Resignation for a Corporatio	on and fee are submitted for filing
Please return all corresponder	nce concerning this matter to t	he following:
Paul B Perkins		
(Name	of Person)	-
Disabled Childrens A	Association, Inc.	
(Name of F	irm/Company)	_
37601 Burhans Road		
(Ad	ldress)	-
Eustis, FL 32736		
(City/State	and Zip Code)	_
For further information conce	erning this matter, please call:	
Paul Perkins	. at (439-5000) de & Daytime Telephone Number)
(Name of Perso	on) (Area Coo	de & Daytime Telephone Number)
Enclosed is a check for \$35.0	0 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 Corporation 2661 Executive Center Tallahassee, FL 3230	r Circle

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Alexandria Perkins	, hereby resign as	hereby resign as	
· · · · · · · · · · · · · · · · · · ·	, nervey reesgn as	(Title)	
Disabled Childrens Ass	sociation, Inc.		
(Nar	me of Corporation)	,	
N1400009920 (Document Number, if known)	_, a corporation organized under the laws of the State of		
Florida			
Wina	Muo Pul (Signature of resigning officer/director)		
	FILING FEE IS \$35.00		
Make checks payab	le to Florida Department of State a		

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