N16000009760

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City,	/State/Zip/Phone	 e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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TRANSMITTAL LETTER 1

*TO: Amendment Section Division of Corporations Warriors Choice Foundaiton, Inc. SUBJECT: (Name of Corporation) DOCUMENT NUMBER: N16000009760 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Anthony Longo (Name of Person) Warriors Choice Foundaiton, Inc. (Name of Firm/Company) 110 Front Street Suite: 300 (Address) Jupiter, Florida 33477 (City/State and Zip Code) For further information concerning this matter, please call: Anthony Longo (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address: Street Address:

Amendment Section
Division of Corporations

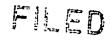
P.O. Box 6327

Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



2022 OCT 31 AM 8: 03

SECRETA OF CHISTATE TALLAHASSEE, FL

Paul Cardenas l,	D., hereby resign as	virector
		(Title)
Warriors Choice Foundation, Inc.		
JI	(Name of Corporation)	
N16000009760	, a corporation organized unc	der the laws of the State of
(Document Number, if known)	
Florida		
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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