

7160000 10201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

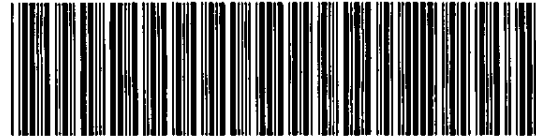
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 08 2016

DA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AHA, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N16000010201

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

Please return all correspondence concerning this matter to the following:

Robyn Brow
(Name of Person)

(Name of Firm/Company)

14843 April Drive
(Address)

Loxahatchee, FL 33470
(City/State and Zip Code)

For further information concerning this matter, please call:

Robyn Brow at (561) 662-5022
(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, Robyn Brow, hereby resign as Secretary
(Title)

of AHA, Inc.
(Name of Corporation)

N16000010201, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

Robyn Brow
(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 32314

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TALLAHASSEE, FLORIDA