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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Access Social Services, Corp. (Name of Corporation)
DOCU	JMENT NUMBER: N16000011930
The en	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	return all correspondence concerning this matter to the following:
Dar	rien Martinez
	(Name of Person)
Acc	cess Social Services Corp.
	(Name of Firm/Company)
113	398 West Flagler St. #202
	(Address)
Mia	ımi, Fl 33174
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Dar	rien Martinez (Name of Person) at (786) 210-3473 (Area Code & Daytime Telephone Number)
Enclos	sed is a check for \$35.00 made payable to the Florida Department of State.
Ameno Division P.O. B	Address: diment Section on of Corporations ox 6327 assee, FL 32314 Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

լ Diana Cadiz	hereby resign as Vice President
**	(Title)
of Access Social Serv	
(Nam	e of Corporation)
P15000063841	a corporation organized under the laws of the State of
(Document Number, if known)	
FloriDA	 •
	Decided (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