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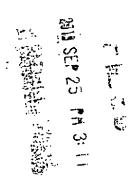
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## TRANSMITTAL LETTER

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TO: Amendment Section Division of Corporations	ame of Corporation)
SUBJECT: Warriors of Awa	ame of Corporation)
DOCUMENT NUMBER:	
The enclosed Officer/Director Resignation for	a Corporation and fee are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Jennifer Maria (Name of Person)	
(Name of Firm/Company)	
Po Box 11125 (Address)	
Po Box 11125 (Address)  Seminale, FL 337 (City/State and Zip Code)	72
For further information concerning this matter	
Jennifer Maria (Name of Person)	at (727) 365-1491 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable	o the Florida Department of State.
Division of Corporations P.O. Box 6327  Division 2661 Ex	ddress: nent Section of Corporations ecutive Center Circle see, FL 32301

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

Adam Riden

of Walling's of Awareness
(Name of Corporation)

(Document Number, if known)

Florida

(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