

# N1900000D6250

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

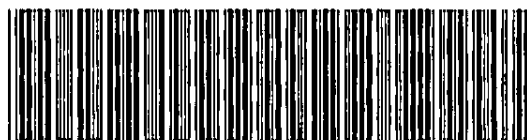
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2022 NOV 21 PM 3:28  
SECRETARY OF  
TALLAHASSEE  
COUNTY FLORIDA

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE OLIVER FOUNDATION  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** N19000006250  
\_\_\_\_\_

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

SIMON STRONG  
\_\_\_\_\_

(Name of Person)

THE OLIVER FOUNDATION  
\_\_\_\_\_

(Name of Firm/Company)

725 WEST DILIDO DRIVE  
\_\_\_\_\_

(Address)

MIAMI BEACH, FL 33139  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

SIMON STRONG  
\_\_\_\_\_

(Name of Person)

at ( 786 ) 208 0109  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

2022 NOV 21 PM 3:26  
SECRETARY OF  
TALLAHASSEE, FL

I, LISA GRAHAM, hereby resign as DIRECTOR  
(Title)

of THE OLIVER FOUNDATION,  
(Name of Corporation)

N19000006250, a corporation organized under the laws of the State of  
(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