## N20000007523

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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11/05/20--01023--008 \*\*35.00

2020 NOV -5 PH 2: 07
SECRETARY OF STATE
TALL AHASSES FATE

12/15/20

## TRANSMITTAL LETTER

Amendment Section Division of Corporations TO:

Ms. Zeebra Play and Learn Founda	tion Inc.
SUBJECT:	(Name of Corporation)
N20000007523	(Name of Corporation)
DOCUMENT NUMBER:	
The enclosed Officer/Director Resignation	for a Corporation and fee are submitted for filing
Please return all correspondence concernir	ng this matter to the following:
Robert Day	
(Name of Person)	<del></del>
(Name of Firm/Company)	<del>)</del>
12930 SW 129 Court, Suite 203	
(Address)	<del></del>
Miami, Florida 33186	
(City/State and Zip Code)	)
For further information concerning this ma	
Robert Day	786 287-0123
(Name of Person)	at ()(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35,00 made paya	ble to the Florida Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee
Tallahassee FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION 2020 NOV -5 PM 2: 07

SECRETARY OF STATE TALLAHASSEE, FI

Robert Day	Vice President, hereby resign as
,	(Title)
Ms. Zeebra Play and Learn Fou	ndation Inc.
<u> </u>	(Name of Corporation)
R20000007523	, a corporation organized under the laws of the State of
(Document Number, if kno-	wn)
Florida	
	_ <del></del> ·
	May
<del></del> ,	(Signature of resigning officer/director)
	$\boldsymbol{\mathcal{O}}$

## 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