

N20 0000008 576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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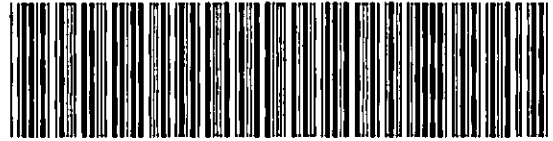
(Business Entity Name)

(Document Number)

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2022 MAY -3 PM 3:08

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DECARTERET COLLEGE PAST STUDENTS ALLIANCE CORP

(Name of Corporation)

DOCUMENT NUMBER: N20000008576

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

Please return all correspondence concerning this matter to the following:

CLAUDETTE JONES

(Name of Person)

(Name of Firm/Company)

8513 TOURMALINE BLVD

(Address)

BOYNTON BEACH, FL 33472

(City/State and Zip Code)

For further information concerning this matter, please call:

CLAUDETTE JONES

at (954) 8296562

(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

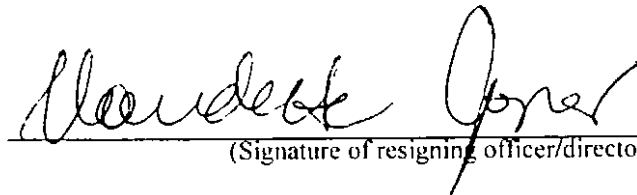
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CLAUDETTE JONES, hereby resign as OFFICER
(Title)

of DECARTERET COLLEGE PAST STUDENTS ALLIANCE CORP
(Name of Corporation)

N20000008576, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

2002 MAY -3 PM 3:08

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