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TRANSMITTAL LETTER

Atroypen Community Resource Services, Inc. SUBJECT: (Name of Corporation) DOCUMENT NUMBER: N20000012280 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lori Bryant, CEO (Name of Person) Atroypen Community Resources, Inc. (Name of Firm/Company) P.O. Box 100037 (Address) Oakland Park, FL 33310-0037 (City/State and Zip Code) For further information concerning this matter, please call: Lori Bryant (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address: Street Address: Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Amendment Section

Division of Corporations

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Christopher Allen	Vice President , hereby resign as
	(Title)
Attoypen Community Resource Ser	vices, Inc.
(Nan	ne of Corporation)
N20000012280 (Document Number, if known)	, a corporation organized under the laws of the State of
Horida	
<i>A</i> 1	O = O
The state of the s	(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