

N23000011228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

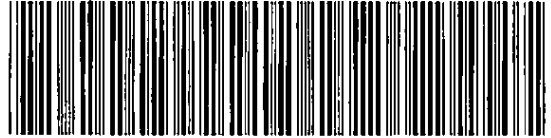
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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MILES4THEMINDS, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** N23000011228

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

Please return all correspondence concerning this matter to the following:

ANGEL SOBRINO

(Name of Person)

MILES4THEMINDS, INC

(Name of Firm/Company)

5965 STIRLING ROAD, SUITE 308

(Address)

DAVIE, FL 33314

(City/State and Zip Code)

For further information concerning this matter, please call:

TARISHA SOBRINO

at (305) 807-5127

(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, JONATHAN MEOLA, hereby resign as SECRETARY / DIRECTOR  
(Title)

MILES4THEMINDS, INC.  
of \_\_\_\_\_  
(Name of Corporation)

N23000011228, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA



\_\_\_\_\_  
(Signature of resigning officer/director)

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**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