

N2300001521do

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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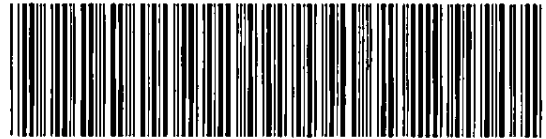
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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ydeas Public Health and Education Services  
(Name of Corporation)

**DOCUMENT NUMBER:** N23000015266

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

Islara Xochitl Souto  
(Name of Person)

Ydeas Public Health and Education Services  
(Name of Firm/Company)

1638 SW 11 Terrace  
(Address)

Miami, FL 33135  
(City/State and Zip Code)

For further information concerning this matter, please call:

Islara Boixados Souto at ( 305 ) 905-4468  
(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**

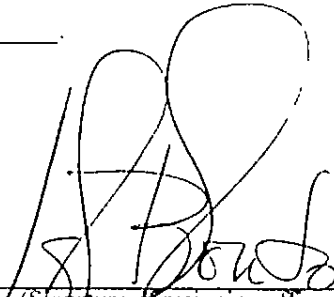
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FLORIDA  
DEPARTMENT OF STATE

I, Isara Boixados Souto, hereby resign as President  
(Title)

of Ydeas Public Health and Education Services,  
(Name of Corporation)

N23000015266, 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 (see attached  
check #296  
4/20/2024)

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314