(Requestor's Name)				
(Address)				
(Address)				
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		· · · · ·		
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
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Special Instructions to I	Filing Officer:			

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off. Resign.
TBrown 10-3-11

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	American Way Foundation, Inc (Name of Corporation)			
DOCUMENT NUMBER:	N48399			
The enclosed Officer/Director Res	signation for a Corporation and fee are submitted for filing			
Please return all correspondence c	oncerning this matter to the following:			
Jovan Riotti				
(Name of Pe	rson)			
American Way Foundation, Inc				
(Name of Firm/C	Company)			
3225 Aviation Ave, Sui	te 101			
(Address	9)			
Miami, Florida 33133				
(City/State and 2	Zip Code)			
For further information concerning	g this matter, please call:			
Jovan Riotti	at (786) 200-2071			
(Name of Person)	at (786) 200-2071 (Area Code & Daytime Telephone Number)			
Enclosed is a check for \$35.00 ma	de payable to the Florida Department of State.			
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314			

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION ARABAR 2003

ī	Carlos Bieberach	, hereby resign as	Vice-President / Director	
·,	 	, noreby resign as_	(Title)	
of_		ay Foundation, Inc		
· · ·	N48399 (Document Number, if known)	, a corporation organized un	der the laws of the State of	
	Florida			
	. Qoll	6 Rah	/	

FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

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