

N97000002015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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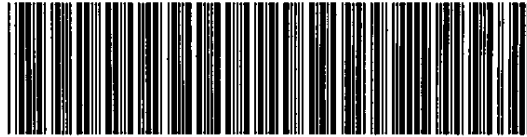
(Business Entity Name)

(Document Number)

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FILED  
STATE  
SECRETARY OF  
DIVISION OF CORPORATIONS  
16 JUN 13 AM 10:00

JUN 21 2016  
C McNAIR

## TRANSMITTAL LETTER

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
16 JUN 13 AM 10:00

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Comprehensive Outreach Programs, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** N 97000002015

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

Please return all correspondence concerning this matter to the following:

Marye Johnson  
(Name of Person)

Comprehensive Outreach Programs  
(Name of Firm/Company)

540 NW 47 ter  
(Address)

Miami, FL 33127  
(City/State and Zip Code)

For further information concerning this matter, please call:

Marye Johnson at ( 305 ) 890 476 22  
(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Vincent Fernandez, hereby resign as Director (Title)  
of Comprehensive Outreach Programs, Inc. (Name of Corporation)  
N9700000205, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida.

Vincent Fernandez  
(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