

N97000002015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

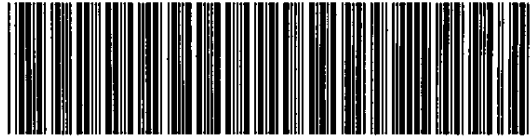
(Business Entity Name)

(Document Number)

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16 JUN 13 AM 10:00
STATE SECRETARIAT OF OPERATIONS

JUN 21 2016
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TRANSMITTAL LETTER

FLORIDA 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 47 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**

SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 JUN 13 AM 10:01

I, Vincent Fernandez, hereby resign as Director (Title)
of Comprehensive Outreach Programs, Inc. (Name of Corporation)

N9700000205 (Document Number, if known), a corporation organized under the laws of the State of
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