N'9900005289

(Re	questor's Name)			
bA)	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			
		}		
		}		
		}		





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DH SEP 30 PM 3: 21
SECRETARY OF STATE
SECRETARY OF STATE



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Source of Wisdom. Inc.	
(Name of Corporation)	
DOCUMENT NUMBER: N 99000005289	-
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Linda Safro	-
(Name of Person)	
Source of Wisdom, Inc.	
(Name of Firm/Company)	
8781 Holly Court, #201	
(Address)	
Tamarac, FL 33321	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Linda Safro at (954) 726-1170 (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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399	- -

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,Linda Safro	hereby resign as Vice Pre	
		(Title)
of Source of Wisdom, Inc.		_
(Na	ame of Corporation)	<u> </u>
N9900005289 (Document Number, if known)	, a corporation organized under the law	ws of the State of
Florida	•	
	(Signature of resigning officer/director)	OL SEP 30 PH 3: 21 SECRETARY OF STATE TALLAHASSEE, FLORID

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