P00000070179

7		
•	(Requestor's Name)	
	(Address)	
•	(Address)	
Ì	(City/State/Zip/Phone #)	
7	PICK-UP WAIT MAIL	
	(Business Entity Name)	
	(Document Number)	
ı	Certified Copies Certificates of Status	
	Special Instructions to Filing Officer:	

Office Use Only



100397665131

11/22/22--01017--020 ++70.00

2022 KUY 22 PK 5: 07

FEB 1 6

TRANSMITTAL LETTER

	TO: Amendment Section Division of Corporations		
	•		
	SUBJECT: AMER Home Care Inc		
	(Name of Corporation)		
	DOCUMENT NUMBER: P00000070179		
	The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filin		
•	Please return all correspondence concerning this matter to the following:		
	EMMA L BARRIDO		
	(Name of Person)		
	(Name of Firm/Company)		
	2890 Philippe Parkway		
	(Address)		
	Safety Harbor FL 34695		
	(City/State and Zip Code)		
	For further information concerning this matter, please call:		
	Emma L Barrido at (727) 271-3695 (Name of Person) (Area Code & Daytime Telephone Number)		
	(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 Section Amendment Section Division of Comparations Division of Comparations		
	Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee		
	Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810		
	Tallahassee, FL 32303		

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, April R Barrido	, hereby resign as Director
	(Title)
of AMER Home Care Inc	
(Name	of Corporation)
P00000070179	_, a corporation organized under the laws of the State of
(Document Number, if known)	_, a corporation organized under the laws of the state of
Florida	
	– •

(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