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| (Requ | uestor's Name) | |
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| (Addr | ress) | |
| (A.J.J. | | |
| (Addr | ess) | |
| (City/ | State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu s i | ness Entity Nar | ne) |
| | | |
| (Doct | ument Number) | - |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Fi | ling Officer | |
| opecial instructions to 11 | ing Onicer. | |
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Office Use Only



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TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: New School Revolution Inc. (Name of Corporation) |
| DOCUMENT NUMBER: |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Wayne Molina (Name of Person) |
| (Name of Firm/Company) |
| 8430 Briggleaf CT (Address) |
| (Address) |
| PORT Rickey, F4 34668 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Person) at (727) 845-4081 (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 409 E. Gaines Street Tallahassee, FL 32399 |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, Wayne Molina | , hereby resign as Secretary / Treasurer (Title) | |
|-------------------------------------|--|---|
| of New School Revolution | f Corporation) | , |
| (Document Number, if known) Florida | , a corporation organized under the laws of the State of | |
| Waye (Sig | SSE F | |

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

FILING FEE IS \$35.00

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