

P05000036758

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*JB  
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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Optimal Health Enterprises, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** POS000036758

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

Please return all correspondence concerning this matter to the following:

Keyroy Barnes  
(Name of Person)

Optimal Health Ent. Inc  
(Name of Firm/Company)

2436 Atrium Cir  
(Address)

Orlando, FL 32808  
(City/State and Zip Code)

For further information concerning this matter, please call:

Keyroy Barnes at (407) 855-2268  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**


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DIVISION OF CORPORATIONS  
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I, Kerroy Barnes., hereby resign as C.E.O.  
(Title)

of Optimal Health Ent., Inc.  
(Name of Corporation)

PO5000036758  
~~CS-1245574~~  
(Document Number, if known) a corporation organized under the laws of the State of

Florida. U.S.A.

  
(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