

P05000036758

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DIVISION OF CORPORATIONS
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

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

DOCUMENT NUMBER: PO5000036758

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