

POS000079041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

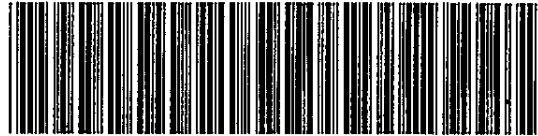
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

PD

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Psyche - Community Mental Health Center, Inc.

DOCUMENT NUMBER: P05000079041

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Felix Pages

(Name of Contact Person)

Psyche - Community Mental Health

(Firm/ Company)

4795 N.W. 183 St.

(Address)

Miami, FL 33055

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Felix Pages

(Name of Contact Person)

at (305)

622-2850

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

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

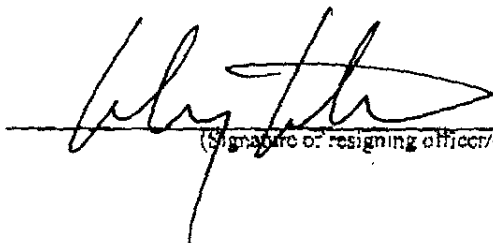
OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, Aley Castano, hereby resign as President
(Title)

of Psyche - Community Mental Health Center, Inc.
(Name of Corporation)

P05000079041, a corporation organized under the laws of the State of
(Document Number, if known,

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

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