P05000103161

(Requestor's Name)
•
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Only/Otate/ZIDII Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
· ———
Special Instructions to Filing Officer:
i d'
ο'
00
9/4
ູວ '
Special Instructions to Filing Officer:

Office Use Only



600151728716

04/23/09--01011--012 **35.00

9 APR 23 AHII: 2

O Albron

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Changes Adult Fitness Center, Inc. (Name of Corporation)
DOCUMENT NUMBER: P05000 103101
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
NANCY HEDRICK (Name of Person)
Changes Adult Fitness Center, Inc (Name of Firm/Company)
9011 VICKSBURG Rd (Address)
Spring Hill FL 34608 (City/State aild Zip Code)
For further information concerning this matter, please call:
NANCY HEDRICK at (352) 684-0834 (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
Post Office Box 6327

Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. NANCY HEORICK, hereby resign as VICE PR	ESI DENT
of Changes Adult FitNESS Center, I, (Name of Corporation)	<u> </u>
P05000 10 3 101, a corporation organized under the laws of the (Document Number, if known)	ne State of
FLORIDA	
	Z 0 - 1
Any Jean Hedrick (Signature of resigning officer/director)	FIL 09 APR 23 ECRETARY ALLAHASSI
	TIL'ED 23 AMII: RY OF STA SSEE, FLOI
	≅ ~

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