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COVER LETTER

SUBJECT: Y&A Family Chiraproctic Contex Inc. (Name of Corporation)
DOCUMENT NUMBER: <u>905000</u> \\2969
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Awos Nambre (Name of Person)
Y & A Family Chimprocic Center Inc. (Name of Firm/Company)
HOI 5 7th street (Address)
F Pleace F 349416 (City/State and Zip Code)
For further information concerning this matter, please call:
Work Woves at (321) 289 - 6802 (Area Code & Daytime Telephone Number)

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

Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Sident (Title)
of Y&A Family Chimotactic Center tye. (Name of Corporation)	1
Document Number, if known), a corporation organized under the laws of	f the State of
Florida	

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 DIVISION OF CORPORATIONS