

(Requestor's Name)	
(Address)	
(Address)	
- (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only

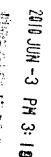
by

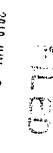


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COVER LETTER

Division of Corporations
SUBJECT: Officer/Director Resignation for a Corporation (Name of Corporation) DOCUMENT NUMBER: PO 6 0000 44102 TAX id 20-4576011
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LUCIA GOMES
Rehavioral Strategies Coup (Name of Firm/Company)
(Name of Firm/Company) 13636 POLOCARPUS LANK (Address)
ORLANDO- FL- 32828
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (407) 3536/7Z (Area Code & Daytime Telephone Number)

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

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

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

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

	gn as Vice President
of Behavioral Strategy (Name of Corporation) PO 6000 0 44102, a corporation organiz (Document Number, if known) FLORIDA	ed under the laws of the State of
TEORIUM Auria Ga	TAX 19 20-4576011
(Signature of resigning office	r/director)
FILING FEE IS \$35.00	PH 3:

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314