

PD6000125263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

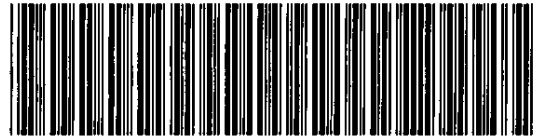
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A&M Therapy, Inc
(Name of Corporation)

DOCUMENT NUMBER: P06000125263

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amado Jose Mendoza, Jr. CEO

(Name of Person)

A&M Therapy, Inc.

(Name of Firm/Company)

2140 Hedgerow Drive

(Address)

Merritt Island, Florida 32953

(City/State and Zip Code)

For further information concerning this matter, please call:

Amado Jose Mendoza, Jr. at (321) 452-2874

(Name of Person)

(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

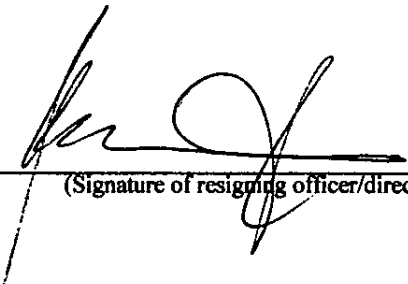
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Rolando Alburo, Jr., hereby resign as C.F.O.
(Title)

of A&M Therapy, Inc.
(Name of Corporation)

P06000125263, 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