P08000010394

(Re	equestor's Name)				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL .			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
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COVER LETTER

Division of Corporations
SUBJECT: HALIFAX ACADEMY FOR CAREGIVERS, INC (Name of Corporation) DOCUMENT NUMBER: PO 80000 70394
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
PENELOPE BLAIR (Name of Person)
YOUR MONEY MATTERS, INC (Name of Firm/Company)
3959 SOUTH NOVA RO STE 21 (Address)
PORT ORANGE FL 32127 (City/State and Zip Code)
For further information concerning this matter, please call:
PENELOPE BLAIR at (386) 322-4200 (Area Code & Daytime Telephone Number)
(The court of Day and Tolopholic Hullion)

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

TO: Amendment Section

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, SHARON.	J. KIRKLAN	D, hereby resign as_	PRESIDE	NT
			(Title))
of HALIFAX	ALADEMY	for CAI	LE GIVERS	INC
	(Name of Corporat	tion)		
P08000076:		oration organized un	der the laws of the S	tate 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

ALLANASSES AMIL: 30