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

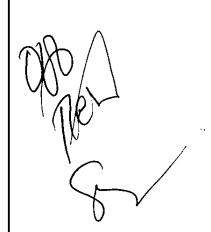
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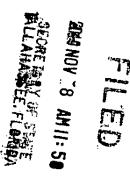
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Educated Insurance	Solutions, Inc.
	(Name of Corporation)
DOCUMENT NUMBER: P080	00092854
	nation for a Corporation and fee are submitted for filing.
Please return all correspondence con	cerning this matter to the following:
Les Kushner	
(Name of Perso	on)
Les S. Kushner, P.A.	·
(Name of Firm/Con	mpany)
2924 Davie Road, Suite 200	
(Address)	
Davie, FL 33314	
(City/State and Zip	Code)
For further information concerning t	his matter, please call:
Les Kushner	at (954) 342-0250 (Area Code & Daytime Telephone Number)
(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

FILED

OFFICER / DIRECTOR RESIGNATION AM | 1:50

, Janet Gonzalez	, hereby resign as	Vice President & Treasurer
		(Title)
of Educated Insurance Solution	ns, Inc.	
(Na	me of Corporation)	
P08000092854	, a corporation organized under the laws of the State of	
(Document Number, if known)		
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