## Po800096439

| (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: |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |

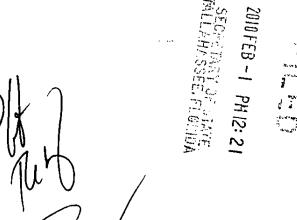
Office Use Only

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## **COVER LETTER**

|  | Amendment Section<br>Division of Corporations |   |   |
|--|---|---|---|
| SUBJE                                      | CCT: Professor Mortgage C                     |   |   |
|  |   | (Name of Corpora  | ation)                                  |
| DOCU                                       | MENT NUMBER: P0800                            | 00096439  |   |
| The enc                                    | closed Officer/Director Resign                | ation for a Corporation   | and fee are submitted for filing        |
| Please r                                   | return all correspondence conc                | cerning this matter to th   | e following:                            |
| Sharo                                      | on Valentine                                  |   |   |
|  | (Name of Person                               | n)  |   |
| Profes                                     | ssor Mortgage Corp                            |   |   |
|  | (Name of Firm/Com                             | ipany)  |   |
| 10500                                      | NW 50th Street Ste 201                        |   |   |
|  | (Address)                                     |   |   |
| Sunris                                     | se, Fl 33351                                  |   |   |
|  | (City/State and Zip                           | Code)   |   |
| For furt                                   | ther information concerning th                | is matter, please call:   |   |
| Sharor                                     | n Valentine                                   | at ( 754  | 246-4405<br>& Daytime Telephone Number) |
|  | (Name of Person)                              | (Area Code  | & Daytime Telephone Number)             |
| Enclose                                    | ed is a check for \$35.00 made                | payable to the Florida I  | Department of State.                    |
| Amendr<br>Division<br>Clifton I<br>2661 Ex | ment Section                                  | Mailing Address:<br>Amendment Section<br>Division of Corporation<br>Post Office Box 6327<br>Tallahassee, FL 32314 | ns                                      |

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| Sharon Valentine                         | , hereby resign as VP                                    |                   |
|--|--|-------------------|
| ,  | Title)   |                   |
| of Professor Mortgage Corp               |  |                   |
| (Name o                                  | f Corporation)   |                   |
| P08000096439 (Document Number, if known) | , a corporation organized under the laws of the State of | of                |
| Florida                                  |  |                   |
| Share                                    | Malentine ignature of resigning officer/director)        | 2010FE8-1 PK12: 2 |

## 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