

PD9000003395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

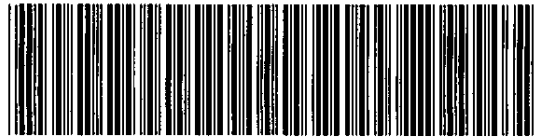
(Business Entity Name)

(Document Number)

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09 MAR -6 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Off Design
Theirs
3-9-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A Child's Ride Inc.
(Name of Corporation)

DOCUMENT NUMBER: 100140370471

~~Office Director~~
The enclosed ~~Statement of Change of Registered~~ Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Laura Rosa
(Name of Contact Person)

A Child's Ride
(Firm/Company)

2971 Bonaventure Cir #104
(Address)

Palm Harbor, FL 34684
(City/State and Zip Code)

For further information concerning this matter, please call:

Laura Rosa at 727, 409-2656
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

09 MAR -6 AM 11:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

I, Anna M Constantine, hereby resign as P. T.
(Title)

of A Child's Ride, Inc.
(Name of Corporation)

100140370471, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Anna M Constantine
(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