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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Achieve Oftimal Wollness
SUBJECT: Achieve Oftimal Wollness DOCUMENT NUMBER: Po 9000 77809
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Matthew to white (Name of Person)
(Name of Person)
Achieve Oft mal Wellness (Name of Firm/Company)
(Name of Firm/Company)
1238 BRadwell DRive
(Address)
ORIANDO, FL 32837
(City/State and Zip Code)
For further information concerning this matter, please call:
Wather White at (407, 855, 7517 (Name of Person) (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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Matthew J. Whir	hereby resign as CED (Title)
of Achieve Oftima	l Wellness
(Document Number, if known)	ne of Corporation)
FLORIDA	·
(A)	anto DAF

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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