

P100000 23631

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: My Hope Therapeutic Agency, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P10000023631

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Roberto Rivera

(Name of Person)

My Hope Therapeutic Agency, Inc.

(Name of Firm/Company)

12150 SW 128th Ct. Suite 123

(Address)

Miami, FL 33186

(City/State and Zip Code)

For further information concerning this matter, please call:

Roberto Rivera at (786) 326-2204

(Name of Person) (Area Code & Daytime Telephone Number)

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

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

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Roberto J. Rivera, hereby resign as President
(Title)

of My Hope Therapeutic Agency, Inc.
(Name of Corporation)

P10000023631, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

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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