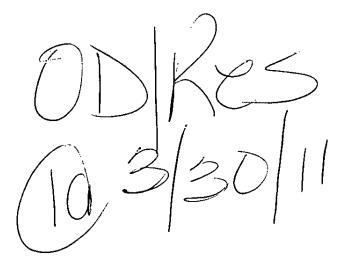
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Special Instructions to Filing Officer:			

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## **COVER LETTER**

то:	: Amendment Section Division of Corporations	
SUBJI	BJECT: CLEVERPLAN, CO	
	(Name of Corporation)	
DOCU	CUMENT NUMBER: P10000077443	
The en	e enclosed Officer/Director Resignation for a Corporation and fee are subm	itted for filing
Please	ase return all correspondence concerning this matter to the following:	
HANS	ANS TRUJILLO	
	(Name of Person)	
CLEV	EVERPLAN, CO	
	(Name of Firm/Company)	
8906	06 W FLAGLER ST #222	
	(Address)	
MIAN	AMI, FL 33174	
	(City/State and Zip Code)	
For fur	further information concerning this matter, please call:	
HANS	NS TRUJILLO at ( 305 ) 987-0674	
	NS TRUJILLO at (305) 987-0674  (Name of Person) (Area Code & Daytime Teleph	one Number)
Enclos	closed is a check for \$35.00 made payable to the Florida Department of Star	te.
Amend Division Clifton 2661 E	ment Section S	

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, AMANDA ZAPATA	, hereby resign as Officer and/or Director
,	(Title)
of CLEVERPLAN, CO	of Corporation) ,
(Name	of Corporation)
P10000077443 (Document Number, if known)	_, a corporation organized under the laws of the State of
FLORIDA	<b>-</b> -
One	Signature of resigning officer/director)  1 HAR 28

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