

PH000028440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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MAY 18 2016  
C. CARROTHERS

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SCHOLA CONSULTING, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P11000028440

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEX KOOLBAWOFF  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

281 LITTLE BEND PL  
(Address)

VERMONT ISLAND FL 32952  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_  
(Name of Person) at (321) 537 5790  
(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

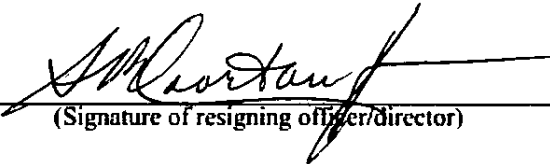
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, ALEXANDER KOORBAOFF, hereby resign as PRESIDENT  
(Title)

of SCHOLA CONSULTING, INC.  
(Name of Corporation)

P11000028440, a corporation organized under the laws of the State of  
(Document Number, if known)

FL

  
(Signature of resigning officer/director)

2016 MAY 10 AM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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