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(Address)			
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T. LEWIS

TRANSMITTAL LETTER

	Amendment Section Division of Corporations
	CT: Total Health and Wellness, Inc. (Name of Corporation)
DOCU	MENT NUMBER: P11000060228
The enc	losed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please re	eturn all correspondence concerning this matter to the following:
Ras	hida Biggs
	(Name of Person)
	(Name of Firm/Company)
196	80 NW 82nd Ct
	(Address)
Miar	mi, Fl 33015
	(City/State and Zip Code)
For furth	her information concerning this matter, please call:
Ras	hida Biggs (Name of Person) at (305) 218-4529 (Area Code & Daytime Telephone Number)
	(Name of Person) at (305) 218-4529 (Area Code & Daytime Telephone Number)
Enclose	d is a check for \$35.00 made payable to the Florida Department of State.
Amenda Division P.O. Box	Address: nent Section of Corporations x 6327 Seee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

2012 NOV -7 PH 4: 34

SECKETARY OF STATE
TALLAHASSEE, FLORETA

_{ı,} Rashida Biggs	_, hereby resign as CEO		
	(Title)		
_{of} Total Health and Wellne	ess, Inc		
(Name of Corporat	ion)		
P11000060228 , a corpo	, a corporation organized under the laws of the State of		
(Document Number, if known)			
Florida			

(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