

P11000071435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

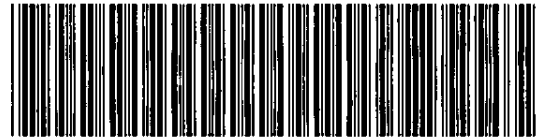
(Business Entity Name)

(Document Number)

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ALABAMA DEPARTMENT OF REVENUE

OLD
Reign.

01-23-14

DC

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Health FROM NATURE Corp.
(Name of Corporation)

DOCUMENT NUMBER: P11000071435.

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

Please return all correspondence concerning this matter to the following:

Gina P Brin
(Name of Person)

Health FROM NATURE Corp.
(Name of Firm/Company)

8180 NW 36 St Suite 302
(Address)

DORAL FL 33166.
(City/State and Zip Code)

For further information concerning this matter, please call:

Gina P Brin. at (954) 865-1434
(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
2661 Executive Center Circle
Tallahassee, FL 32301

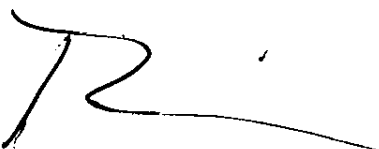
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, RICARDO V SALINAS, hereby resign as PRESIDENT
(Title)

of HEALTH FROM NATURE CORP.
(Name of Corporation)

P11000071435, 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA