

P12000031171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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5-8-12

2012 MAY -3 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Resignation of Officer

(Name of Corporation)

DOCUMENT NUMBER: American Payment Source, Inc

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

Please return all correspondence concerning this matter to the following:

Leon Adelstone

(Name of Person)

American Payment Source, Inc

(Name of Firm/Company)

6105 Memorial Blvd, Suite F

(Address)

Tampa FL 33615

(City/State and Zip Code)

For further information concerning this matter, please call:

Leon Adelstone

(Name of Person)

at (813) 264-7827

(Area Code & Daytime Telephone Number)

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Leon Adelstone, hereby resign as Chairman of the Board
(Title)

of American Payment Source, Inc
(Name of Corporation)

P12000031171, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

 4/30/2012
(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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TALLAHASSEE, FLORIDA

Note:
Contains Two Separate Amendments