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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Blesscare Chiro Center Inc.
(Name of Corporation)

DOCUMENT NUMBER: P12000051985

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Lherisson Domond
(Name of Person)

Blesscare Chiro Center Inc.
(Name of Firm/Company)

750 S. Orange Blossom Trail
(Address)

Orlando, FL 32805
(City/State and Zip Code)

For further information concerning this matter, please call:

Natalie Domond (POA for Lherisson Domond) at (703) 887-2476
(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, Lherisson Domond, hereby resign as Title P (Title)

of Blesscare Child Center Inc (Name of Corporation)

P12000051985 (Document Number, if known), a corporation organized under the laws of the State of Florida.


(Signature of resigning officer/director)

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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