Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150002793753)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone Fax Number : (305)552-5973 : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fmail	Address:	
C1040174	AUGI 655	

COR AMND/RESTATE/CORRECT OR O/D RESIGN CY FOR EXCEPTIONAL PERSONS WITH DISABILITIES,

IN

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

NOV 2 4 2015

#2276 P.002/002

H15000279375

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Christina Sanchez, hereby resign as Director	_
of Agency For Exceptional Personswith Disabi	ities
(Document Number, if known), a corporation organized under the laws of the State of	
Florida 5 101 23	
Christian 1. Langery director)	en and and and and and and and and and an

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