

P130000029245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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DN 1/21/21

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GET HAPPY ZONE, INC
(Name of Corporation)

DOCUMENT NUMBER: P13000029245

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

Please return all correspondence concerning this matter to the following:

CAROLYN A. BRENT
(Name of Person)

CAROLYN A. BRENT, DEEP BEAUTY HEALTH & WELLNESS UNIVERSITY
(Name of Firm/Company)

1730 SO FEDERAL HWY, # 212
(Address)

DELRAY BEACH, FLORIDA 33483
(City/State and Zip Code)

For further information concerning this matter, please call:

CAROLYN A. BRENT at (925) 451-8124
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

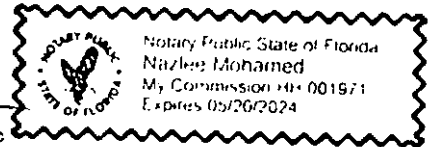
I, CAROLYN A. BRENT, hereby resign as OFFICER / AGENT
(Title)

of GET HAPPY ZONE INC.
(Name of Corporation)

P13000029245, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Carolyn A. Brent
(Signature of resigning officer/director)



Nazlee Mohamed
1/7/2021

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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2021 JAN 12 AM 11:06