

P14 0000 38210

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(City/State/Zip/Phone #)

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(Business Entity Name)

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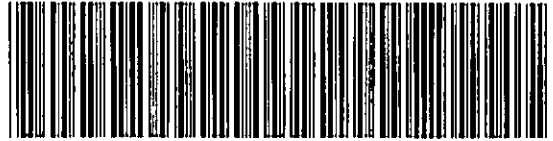
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TALLAHASSEE, FL 32301

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Allgenic Health and Wellness, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P14000038210

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

Please return all correspondence concerning this matter to the following:

Ahmed Howedy
(Name of Person)

(Name of Firm/Company)

3616 NW 5th Ter
(Address)

Boca Raton, FL 33431
(City/State and Zip Code)

For further information concerning this matter, please call:

Ahmed Howedy at (954) 294-5886
(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

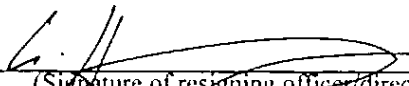
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I. Ahmed Howeedy, hereby resign as Medical Director
(Title)

of Allgenic Health and Wellness, Inc
(Name of Corporation)

P14000038210, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
2022 APR -5 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FL 32311

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