

PI10000412328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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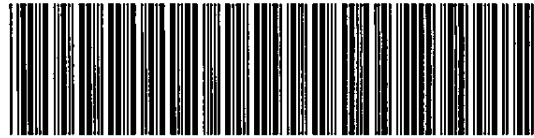
(Business Entity Name)

(Document Number)

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OCT 3 2014

R. WHITE

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: CAHILL'S INCOME SOLUTIONS, INC

DOCUMENT NUMBER: P14000042328

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Judy Cahill

Name of Contact Person

Cahill's Income Solutions, Inc

Firm/ Company

6040 W Last Chance Lane

Address

Dunnellon, Fl. 34433

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person _____ at (_____) _____
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ **\$35 Filing Fee** ☐ **\$43.75 Filing Fee & Certificate of Status** ☐ **\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)** ☐ **\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)**

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Shayne Cahill, hereby resign as Treasurer
(Title)

of Cahill;s Income Solutions, Inc.
(Name of Corporation)

P14000042328, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(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