. (Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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C LEWIS

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT, ODELEY MENTAL HEALTH INC

(Name of Corporation)

DOCUMENT NUMBER: P14000059201

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

Please return all correspondence concerning this matter to the following:

CARLOS M ALAYON

(Name of Person)

ODELEY MENTAL HEALTH INC

(Name of Firm/Company)

1801 CORAL WAY STE 323

(Address)

MIAMI, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

CARLOS M ALAYON

_{at (}786 ₎51

(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

FILED JECKETARY OF STATE HVISION OF CORFORATION

2016 AUG -5 PM 1: 25

CARLOS MIGUEL AI	LAYON, hereby resign as SECRETARY
7	(Title)
ODELEY MENTAL	. HEALTH INC
(Name	e of Corporation)
P14000059201 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	
Qu	(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 Swom to (affirmed) and subscribed before me this 2 day of Tallahassee, Florida 32314 Cinquet, 20 16, by Abolius Notary Signature Notary Name Printed Personally Known or ID produced Honda Driver Figure
Notary Signature — Holici