

P 14 000 77358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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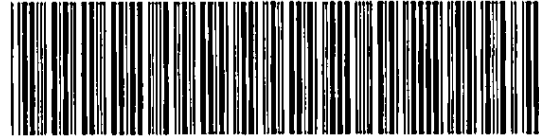
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

C. GOLDEN

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **ACCESS HOME HEALTH CARE INC.**
(Name of Corporation)

DOCUMENT NUMBER: **P14000077358**

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

Please return all correspondence concerning this matter to the following:

Stan Kosyakovskiy

(Name of Person)

Odis Management

(Name of Firm/Company)

2483 Coney Island Ave

(Address)

Brooklyn, NY 11223

(City/State and Zip Code)

For further information concerning this matter, please call:

Stan Kosyakovskiy

(Name of Person)

at (**347**) **4715261**

(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

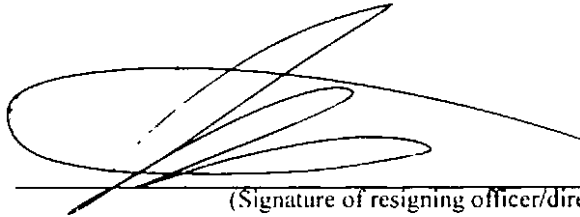
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Marys N Martinez, hereby resign as vice-president
(Title)

of ACCESS HOME HEALTH CARE INC.
(Name of Corporation)

P14000077 35 8, a corporation organized under the laws of the State of
(Document Number, if known)

Florida



(Signature of resigning officer/director)

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TALLAHASSEE, FL

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