

P140000088810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS  
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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SHIFT Services Center, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P14000088810

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

Please return all correspondence concerning this matter to the following:

Juliana Barbosa  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

5311 Madison Rd  
(Address)

Delray Beach, FL 33484  
(City/State and Zip Code)

For further information concerning this matter, please call:

Juliana Barbosa at ( 561 ) 287-8788  
(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**

I, Juliana Barbosa, hereby resign as Secretary (SD)  
(Title)

of SHIFT Services Center, Inc.  
(Name of Corporation)

P14000088810, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

Juliana Barbosa  
(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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