

PL5000073/35

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TALLAHASSEE, FL

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2019 FEB 13

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Surehealth Pharmacy
(Name of Corporation)

DOCUMENT NUMBER: P15000073135

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

Please return all correspondence concerning this matter to the following:

Oluronke Olufidiye

(Name of Person)

Surehealth Pharmacy Inc.

(Name of Firm/Company)

7945 NW 2nd St.

(Address)

Miami, FL, 33126

(City/State and Zip Code)

For further information concerning this matter, please call:

Adebayo Adeniyi at (305) 882-9101
(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, OLURONKE OLUFIDIPE, hereby resign as PRESIDENT
(Title)

of SUREHEALTH PHARMACY INC.
(Name of Corporation)

P15000073135 a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Resignation as president was on 12/28/18

[Signature]
(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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