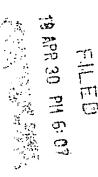
(Requestor's Name) (Address)	6003
(Address) (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	04/30/18-
(Document Number)	<u> </u>
Certified Copies Certificates of Status	S TALLENITE MAY 0 1 2018
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Educational Event Planners INC (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Anglique Scotoria (Name of Person) (Name of Firm/Company) Educational Event Plany (Name of Firm/Company)
(Name of Firm/Company) 2049 Sw Olympic Club Terr (Address)
feelm City FL 34990 (City/State and Zip Code)
For further information concerning this matter, please call:
Angelique Scobolia (T17) 979-2646 (Name of Person) (Area Code & Daytime Telephone Number)

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

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION 'FOR A CORPORATION

I, Angelique Scoboria, hereby resign as Po-Pa	resident (Title)
of Educational Event Plan (Name of Corporation)	ners. Inc.
(Document Number, if known), a corporation organized under the laws of	of the State of
Florida	
(Signature of resigning officer/director)	FILED 13 APR 30 PH
FILING FEE IS \$35.00	PH 5: 0

Make checks payable to Florida Department of State and mail to:

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