P18000037335

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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TRANSMITTAL LETTER

Resignation of Officer (Name of Corporation) DOCUMENT NUMBER: P18000037333 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Tonya Martin (Name of Person) Caring Hearts Living Inc. (Name of Firm/Company) 1065 Wall St (Address) Eustis FL 32726 (City/State and Zip Code) For further information concerning this matter, please call: Melanie Aris (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Malling Address: Street Address: Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Tonya Martin I.	Secretary , hereby resign as	
-}	(Title)	
Caring Hearts Living, Inc		
V·	(Name of Corporation)	
P18000037333	, a corporation organized under the laws of the State of	
(Document Number, if know	1)	
Florida		

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 St :0] [15 C-1 3