

P20 000022915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

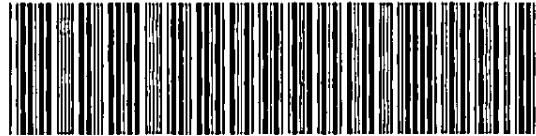
(Business Entity Name)

(Document Number)

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SECURITY OF STATE
TALLAHASSEE, FL

10/15/2021
10:15 AM

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMAZING HEALTH CARE AND SERVICES INC

(Name of Corporation)

DOCUMENT NUMBER: P20000022915

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

Please return all correspondence concerning this matter to the following:

Natacha Etienne

(Name of Person)

Amazing Health Care and Services Inc

(Name of Firm/Company)

1706 Carriage Brooke Dr

(Address)

Wellington, FL 33414

(City/State and Zip Code)

For further information concerning this matter, please call:

Natacha Etienne

(Name of Person)

at (561) 410-4501

(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Mireille Victor, hereby resign as P
(Title)

of Amazing Health Care and Services Inc
(Name of Corporation)

P20000022915, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Mireille Victor
(Signature of resigning officer/director)

SECRETARY OF STATE
TALLAHASSEE, FL

2021 AUG -5 AM 10:50

FILED

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