

P21 000005209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

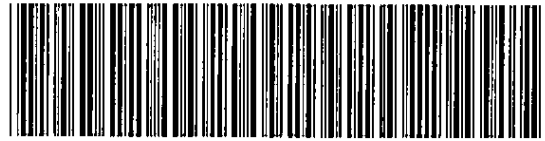
(Business Entity Name)

(Document Number)

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CH
5/4/20

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Care On Wheels Inc.
(Name of Corporation)

DOCUMENT NUMBER: P21000005209

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

Please return all correspondence concerning this matter to the following

Fabio Pereira
(Name of Person)

Care On Wheels Inc.
(Name of Firm/Company)

461 E 51st St.
(Address)

Hiatah, FL 33013
(City/State and Zip Code)

For further information concerning this matter, please call:

Fabio Pereira at 305, 815-3848
(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

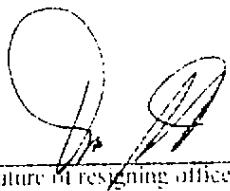
Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, Blanca N. Gonzalez, hereby resign as CCO
(Title)

of Care On Wheels Inc.
(Name of Corporation)

P21000005209, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

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TALLAHASSEE, FL

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