

P210000078754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

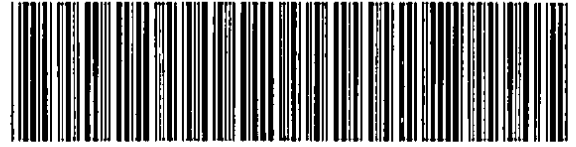
(Business Entity Name)

(Document Number)

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Resignation of office

06/21/22 4:01:20 PM 0000 0000

FILED
2022 JUN 21 PM 2:18
STATE OF TEXAS
CLERK OF COURT

A. RAMSEY
SEP 15 2022

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NOVA MEDICAL & WELLNESS CENTRE, INC
(Name of Corporation)

DOCUMENT NUMBER: P21000078754

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

Please return all correspondence concerning this matter to the following:

MATAMORO JANETT C
(Name of Person)

NOVA MEDICAL & WELLNESS CENTRE INC.
(Name of Firm/Company)

C/O 9323 NW 45 STREET
(Address)

SUNRISE, FLORIDA 33351
(City/State and Zip Code)

For further information concerning this matter, please call:

JAWETT MATAMORO at (954) 732-5215
(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**

FILED

2022 JUN 21 PM 2:18

RECEIVED

I, JAWETT MATIAMORO, hereby resign as VP
(Title)

of NOVA MEDICAL & WELLNESS CENTRE INC.
(Name of Corporation)

P21000078754, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Jawett Matiamoro
(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