

P24000001590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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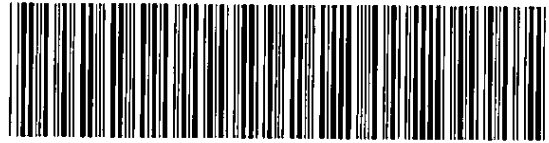
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Powerful Mental Health, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P24000001590

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

Please return all correspondence concerning this matter to the following:

Gabriela Segnini

(Name of Person)

Powerful Mental Health, Inc.

(Name of Firm/Company)

6750 N Andrews Ave. Cypress Park West. Ste 200

(Address)

FORT LAUDERDALE, FL 33309

(City/State and Zip Code)

For further information concerning this matter, please call:

Gabriela Segnini at (954) 6246929

(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, Julia Figueroa, hereby resign as President
(Title)

of Powerful Mental Health, Inc.
(Name of Corporation)

P24000001590, a corporation organized under the laws of the State of
(Document Number, if known)
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

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