

P2400002028S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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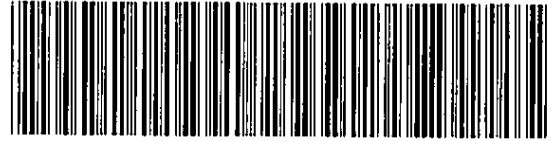
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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Amplified Mastery, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** P24000020285

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

Please return all correspondence concerning this matter to the following:

Raelynn LeFebvre

(Name of Person)

Amplified Mastery, Inc.

(Name of Firm/Company)

3106 Woods Way Apt 3

(Address)

Gulf Breeze, FL 32563

(City/State and Zip Code)

For further information concerning this matter, please call:

Raelynn LeFebvre

at (503

939-2594

(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

No \$  
6/3/04


**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Shakira Segundo, hereby resign as CFO  
(Title)

of Amplified Mastery, Inc.  
(Name of Corporation)

P24000020285, 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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