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TO:	Amendment Section Division of Corporations
SUBJ	UMENT NUMBER: P9300046631
DOC	UMENT NUMBER: <u>19300046631</u>
The en	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	e return all correspondence concerning this matter to the following:
	Joelle monique Schafer (Name of Person)
	(Name of Firm/Company)
	2034 Winterset Drive (Address)
	Lecke and 71, 33813 (City/State and Zip Code)
For fu	orther information concerning this matter, please call:
<u>Jo</u>	CILC M. Schaler at (863) 412.3488 (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amen Divisi Clifto 2661	Mailing Address: Idment Section Idment Secti

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

i, <u>Toëtle Monique (</u> S	Chare , hereby resign as_	Secretary (The)
of OPTIMU DY	SLIMINS, ALC.	
202666611621	, a corporation organized und	
Flonda		
	(Signature of resigning) of ficer/direct	O9 JUN 15 AN S SECRETARY OF STALLAHASSEE FLOR
	FILING FEE IS \$35.00	DA

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314