| (Re                                     | equestor's Name) |      |  |  |
|---|------------------|------|--|--|
| (Address)                               |                  |      |  |  |
| (Address)                               |                  |      |  |  |
| (City/State/Zip/Phone #)                |                  |      |  |  |
| PICK-UP                                 | MAIT             | MAIL |  |  |
| (Business Entity Name)                  |                  |      |  |  |
| (Document Number)                       |                  |      |  |  |
| Certified Copies Certificates of Status |                  |      |  |  |
| Special Instructions to Filing Officer: |                  |      |  |  |
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|   |                  |      |  |  |

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## **COVER LETTER**

|                                     | mendment Section ivision of Corporations  |
|-------------------------------------|---|
| SUBJEC                              | T: Dynamic Pathways Inc   |
|                                     | (Name of Corporation)   |
| DOCUM                               | ENT NUMBER: P99000097267  |
| The enclo                           | osed Officer/Director Resignation for a Corporation and fee are submitted for fili  |
| Please re                           | turn all correspondence concerning this matter to the following:  |
| Ronald                              | E Moran   |
|                                     | (Name of Person)  |
|                                     |   |
| "                                   | (Name of Firm/Company)  |
| 1555 N                              | Sandburg Terrace # 302  |
|                                     | (Address)   |
| Chicago                             | o, IL 60610   |
|                                     | (City/State and Zip Code)   |
| For further                         | er information concerning this matter, please call:   |
| Ronald                              | E Moran at ( 813 ) 244-7043  (Name of Person) (Area Code & Daytime Telephone Number   |
|                                     | (Name of Person) (Area Code & Daytime Telephone Number  |
| Enclosed                            | is a check for \$35.00 made payable to the Florida Department of State.   |
| Division 6<br>Clifton B<br>2661 Exe | Idress:  ent Section of Corporations uilding cutive Center Circle ee, FL 32301  Mailing Address:  Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 |

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| Ronald E Moran                          | , hereby resign as COO                                    |                    |  |
|---|---|--------------------|--|
| · · · · · · · · · · · · · · · · · · ·   | ,   | (Title)            |  |
| of_ Dynamic Pathways Inc.               |   | ,                  |  |
| (Name                                   | of Corporation)   |                    |  |
| P9900097267 (Document Number, if known) | _, a corporation organized under the laws of the State of |                    |  |
| Florida                                 | _·  |                    |  |
| Remode (S                               | ignature of resigning officer/director)                   | SECKLIARY OF STATE |  |

## 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