

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CHAPS CENTER, INC
(Name of Corporation)

DOCUMENT NUMBER: N 12000009028

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

Please return all correspondence concerning this matter to the following:

Lozi Johnson
(Name of Person)

CHAPS CENTER, INC
(Name of Firm/Company)

4952 S. Sanford Ave
(Address)

Sanford FL 32773
(City/State and Zip Code)

For further information concerning this matter, please call:

ABOVE - Lozi Johnson at (407) 304-0305
(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
2661 Executive Center Circle
Tallahassee, FL 32301

46-0947827

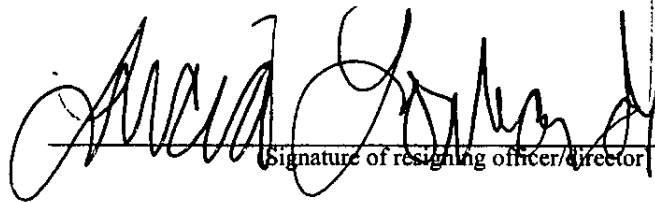
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Lucia Lombardi, hereby resign as director (Title)

of Chaps Center, INC. (Name of Corporation)

N 12000009028, 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

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

15 SEP -2 PM 1:17

FILING