1960000040756

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





300039821693

N8/06/04--01030--023 **35.00



0/0 Resign 10/04

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| 1, POTEN SCOTI | DRYMMOND hereby resign as DIRECTOR CHAIR | en. |
|---|--|-----|
| of AGRONIX, | (Tito) | |
| P960000 4079 (Document Number, if know | a corporation organized under the laws of the State of | |
| TORIDA | | |

(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