

F20 0000000341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

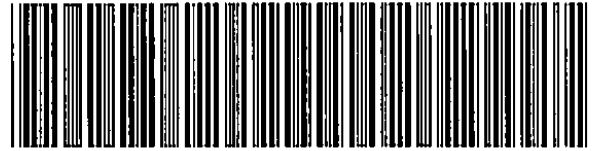
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AGRI TRACE INSTITUTE A NON-STOCK, NON-PROFIT CORPORATION

(Name of Corporation)

DOCUMENT NUMBER: F20000000341

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Jennifer Bynoe

(Name of Person)

AGRI TRACE INSTITUTE A NON-STOCK, NON-PROFIT CORP

(Name of Firm/Company)

455 NE 5TH AVE SUITE D 437

(Address)

DELRAY BEACH, FL 33483

(City/State and Zip Code)

For further information concerning this matter, please call:

JENNIFER BYNOE

(Name of Person)

at (703) 999-6927

(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

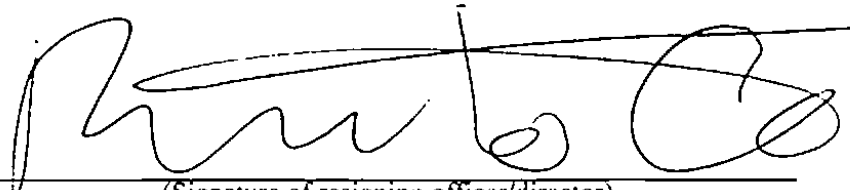
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, RICARDO ALVAREZ, hereby resign as DIRECTOR/BOARD MEMBER
(Title)

of AGRI TRACE INSTITUTE A NON-STOCK, NON-PROFIT CORPORATION
(Name of Corporation)

F20000000341, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director) 4/20/20

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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