

N090000004798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

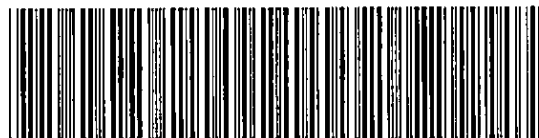
(Business Entity Name)

(Document Number)

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NOV - 6 2017  
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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Choices House Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N09000004798

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

Please return all correspondence concerning this matter to the following:

**Shannon Thomas**

(Name of Person)

The Choices Programs Organization Corporation

(Name of Firm/Company)

**5224 W State Rd 46 #325**

(Address)

**Sanford, FL 32771**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Shannon Thomas** at ( **386** ) **216-5174**  
(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

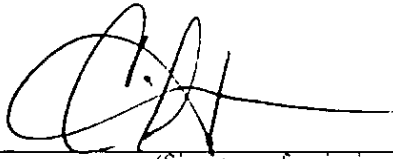
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Charvelle Thomas, hereby resign as Vice President  
(Title)

of Choices House, Inc.  
(Name of Corporation)

N09000004798, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

2011 NOV - 1 PM 9:43

**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