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. (4	address)		
. (0	City/State/Zip/Phon	e #)	_
PICK-UP	WAIT	MAIL	•
(E	Business Entity Na	me)	
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Certified Copies	Certificate	s of Status	_
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Special Instructions t	o Filing Officer:		١
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Office Use Only

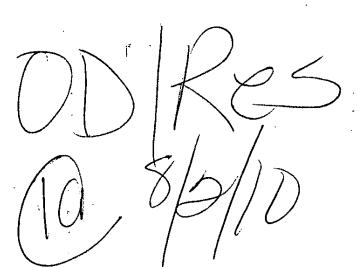


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FILED SECRETARY SF STATE TALLAHASSEE FLORIDA



COVER LETTER

Amendment Section

Division of Corporations		
SUBJECT: CHOICE	To Ch+ng (Name of Corporation	E,INC
DOCUMENT NUMBER: NIC	2000001851	
The enclosed Officer/Director Resi	gnation for a Corporation ar	nd fee are submitted for filing.
Please return all correspondence co	oncerning this matter to the f	following: `
Lynn Trimb (Name of Per	son)	•
CHOICE TO CH (Name of Firm/Co	• •	
17772 Bridle L (Address)	-Ano	b
(Address)	•	' p
Jupiten, Floni (City/State and Zi	da 33477	•
(City/State and Zi	p Code)	
For further information concerning	this matter, please call:	
Dana Hepworth (Name of Person)	at (561)	262-5411
(Name of Person)	(Area Code &	Daytime Telephone Number)
Enclosed is a check for \$35.00 mad	le payable to the Florida De	partment of State.
Street Address:	Moiling Address	ay maranana ya ya managa ma sa a sa
Amendment Section	Mailing Address: Amendment Section	
Division of Corporations Clifton Building 2661 Executive Center Circle	Division of Corporations Post Office Box 6327	
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314	i, k

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Dana HEpworts	, hereby resign as (Title)
of CHOICE TO	me of Corporation) TNC.
(Document Number, if known)	, a corporation organized under the laws of the State of
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