

NH 000000489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

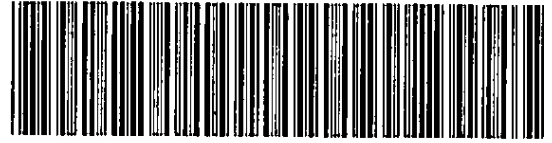
(Business Entity Name)

(Document Number)

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2019 APR 17 PM 4:30  
C. McNAIR

APR 19 2019  
C McNAIR

**TRANSMITTAL LETTER**

2019 APR 17 PM 4:30  
MAIL ROOM

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Jacksonville Black Chamber Of Commerce ,Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** N14000000489

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

Please return all correspondence concerning this matter to the following:

**Kevin M. Smith**

(Name of Person)

**The Associate(s) Consortium , LLC**

(Name of Firm/Company)

**P.O. Box 43478**

(Address)

**Jacksonville, Fl. 32203**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Kevin M Smith**

(Name of Person)

at ( 904 ) 887-0858

(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

RECEIVED  
2019 APR -8 PM 4:30  
SECRET  
TALLAHASSEE

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

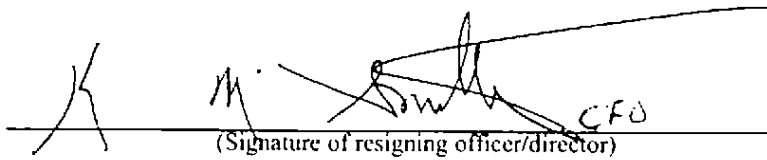
2018 APR 17 PM 4:30  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

I, Kevin M' Smith, hereby resign as CFO  
(Title)

of Jacksonville Black Chamber Of Commerce, Inc  
(Name of Corporation)

#N14000000489, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director) CFO

**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