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(Re	equestor's Name)	
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☐ PICK-UP	WAIT	MAIL
(Bt	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATES

officer Resignation

Office Use Only

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Caribbean Christian Orp	hanage + Outreach, Inc.
DOCUMENT NUMBER:	
The enclosed Officer/Director Resignation for a Corporation	and fee are submitted for filing.
Please return all correspondence concerning this matter to the	e following:
James Nettles (Name of Person)	•
CC0+0	
(Name of Firm/Company)	
$\rho_0 \beta_0 \times 552$ (Address)	e de la granda de la companya de la
Lake City FL 32055 (City/State and Zip Code)	
For further information concerning this matter, please call:	
James Nettles at (386) (Name of Person) at (386)	755 - 5010 & Daytime Telephone Number)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Angelica Suiss	C, hereby resign as Treasure / (Title)	fficer
or Caribbean	Christian Orphanage + Outreach,	lnc.
N9800000 (Document Number, if know	098, a corporation organized under the laws of the State of	•
Florida		
—— <i>(</i>	Malue of resigning officer/director)	SHIP HED

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