P01000097648

(Requestor's	Name)
(Address)	
(Address)	
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(O) 20 (T)	
(City/State/Zip	/Phone #)
	
PICK-UP W	AIT MAIL
(Business Ent	ity Name)
/D	
(Document No	imper)
Certified Copies Cert	ificates of Status
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Special Instructions to Filing Office	er:
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SECRUSARY OF STATE

resignation

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TRANSMITTAL LETTER

CURINGE ZAVAC DIZZA THE
SUBJECT: BOMAC PIZZA INC. (Name of corporation)
DOCUMENT NUMBER: POI 000 0 97648
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of person)
BOHAC PIZZA INC. (Name of firm/company)
14991 CAPE FOREST TRAIL (Address)
JACKSON UIUE, FL. 32226 (City/state and zip code)
For further information concerning this matter, please call:
ALLEN L. BEVEL at (904) 616-2085 (Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.

Eliciosed is a \$55.00 check made payable to the Department of our

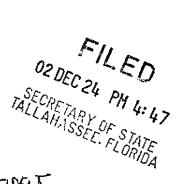
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations

TO:

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



<i>.</i>	DAN N. BOCARDUS	, hereby resign as PRESICENT (Title)
£	BOMAC PIZZA,	INC (le of Corporation)
	21000097648 cument Number, if known)	, a corporation organized under the laws of the State of
F	CORIDA	

(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