

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	10.00
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700280206037

12/29/15--01005--025 **262.50

15 DEC 29 AM 6: 15

JAN 05 2018 R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Cho Investments Inc.

(Name of Corporation)

DOCUMENT NUMBER: P02000043377

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John C Hamlin

(Name of Person)

John C. Hamlin, P.A.

(Name of Firm/Company)

1580 Sawgrass Corp. Pkwy, Ste 130

(Address)

Sunrise, FL 33323

(City/State and Zip Code)

For further information concerning this matter, please call:

John C Hamlin

at (954)315-4580 (Area Code & Daytime Telephone Number)

(Name of Person)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address:

Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, JCHPA Registered Agents Inc.
(Name of Registered Agent)
hereby resigns as Registered Agent for Cho Investments Inc.
(Name of Corporation)
P02000043377
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. (Signature of Resigning Agent) If signing on behalf of an entity:
John C Hamlin
(Typed or Printed Name)
President Capacity) IS OFC 29
Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314