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(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Čit	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Christians (PP = (Name of Corporation))

DOCUMENT NUMBER: PB 200051584

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

Please return all correspondence concerning this matter to the following:

Laurence C Davis Strwart
(Name of Person)

(Name of Firm/Company)

209 Koyal Hornciana Was

West Palm Beach Fl 33401
(City/State and Zin Code)

For further information concerning this matter, please call:

(Name of Person)

(Name of Person)

(Area Code & Daytime Telephone Number)

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

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

 $f \sim r$

I, haurence C Davis Stewart, hereby resign as 5T	
(Title)	
of Christiane Gross (Name of Corporation)	,
P6260051584 , a corporation organized under the laws of the Stat (Document Number, if known)	e of
Florida	
(Signature of resigning officer/director)	JIVISION OF PH 2: 04
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