

PD5000030047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200305180452

11/01/17--01026--002 **35.00

2017 NOV - 1 AM 9: 49

NOV - 6 2017
JCNNAIR

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Choices Programs Organization Corporation
(Name of Corporation)

DOCUMENT NUMBER: P05000030047

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

Please return all correspondence concerning this matter to the following:

Shannon Thomas

(Name of Person)

The Choices Programs Organization Corporation

(Name of Firm/Company)

5224 W State Rd 46 #325

(Address)

Sanford, FL 32771

(City/State and Zip Code)

For further information concerning this matter, please call:

Shannon Thomas

(Name of Person)

at (**386**) **216-5174**

(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

2017 NOV - 1
AM 10:14 PM

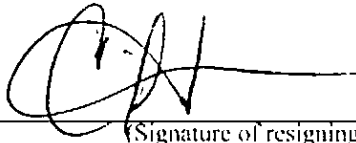
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Charvelle Thomas, hereby resign as Vice President
(Title)

of The Choices Programs Organization Corporation
(Name of Corporation)

P0500003047, a corporation organized under the laws of the State of
(Document Number, if known)

Florida



(Signature of resigning officer/director)

2017 NOV -1 AM 9:47

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