735000/0403/

(Requestor's Name)					
(Ac	ddress)				
(Ac	ldress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nai	me)			
(Do	ocument Number)	 			
Certified Copies	_ Certificate:	s of Status			
Special Instructions to	Filing Officer:				
	Office Use On	ılv			



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No Pet

06 OCT 12 PH 2:58
SECRETARY OF STATE TALLAHASSEE, FLORIDA



OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ı, <u>L</u>	eigh A. Mitchell	, hereby resign as_	Via	Pres/Dir	e cotor
of	Galaxy Pr. in	e Netwo/	K, I	nc.	,
P050	b 00104031 a corp	oration organized und	der the laws	of the State of	•
	52			OG (three said
	~)6 OCT 12 SECRETARY ALLAHASSE	
	Legh Anne (Signature o	Nutcleil of resigning officer/direct	or)	PH 2:58 OF STATE E. FLORIG	

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