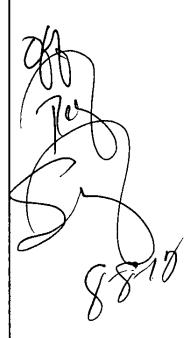
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	:y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

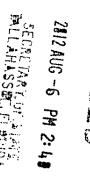
Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: HODGES EXPRE	SS FOODS, INC.
	(Name of Corporation)
DOCUMENT NUMBER: PO	8000020830
The enclosed Officer/Director Re	signation for a Corporation and fee are submitted for filing.
Please return all correspondence of	concerning this matter to the following:
RALEIGH M WILCOX	
(Name of Pe	erson)
RALEIGH M WILCOX CPA P	A
(Name of Firm/	Company)
13500 SUTTON PARK DR S	STE 703
(Addres	s)
JACKSONVILLE, FL 32224	
(City/State and 2	Zip Code)
For further information concerning	g this matter, please call:
RALEIGH M WILCOX	at ( 904 ) 2239556  (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	ade 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

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, RALEIGH M WILCOX	, hereby resign as ST (Secretary/Treasurer) (Title)
of HODGES EXPRESS FOODS, (Name o	INC. f Corporation)
P08000020830 (Document Number, if known)	_ a corporation organized under the laws of the State of
FLORIDA	<del>-</del> '
Raleigh	m Wilcov gnature of resigning officer/director)  2812 AUG - 6  2812 AUG

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314