

P13000023793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

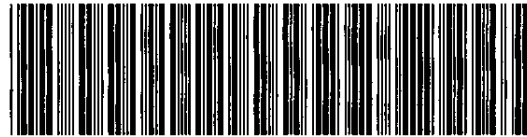
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

C. Lewis  
10-13-14

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CH ASSOCIATES INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P13000023793

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

Please return all correspondence concerning this matter to the following:

**CARYL HUBER**  
(Name of Person)

**CH ASSOCIATES INC**  
(Name of Firm/Company)

**156 MARKET STREET**  
(Address)

**SANTA ROSA BEACH FL 32459**  
(City/State and Zip Code)

For further information concerning this matter, please call:

**CARYL HUBER** at **850** **622-0598**  
(Name of Person) (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

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

14 OCT -3 PM 1:09

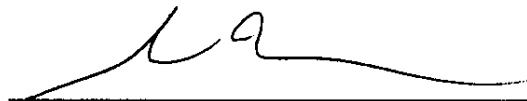
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, GARETT T HUBER, hereby resign as VICE PRESIDENT  
(Title)

of CH ASSOCIATES INC  
(Name of Corporation)

P13000023793, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**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