

P170000000829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

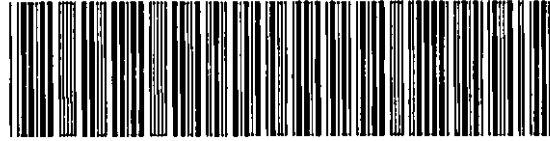
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

01/10/2017
413
8-18-17



300302497983

08/14/17--01011--013 **140.00

FILED
17 AUG 14 PM 1:33
TALLAHASSEE, FL 32301

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IHPS INC

(Name of Corporation)

DOCUMENT NUMBER: P17000000829

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

Please return all correspondence concerning this matter to the following:

IGNATIUS BRANNON

(Name of Person)

IHPS INC

(Name of Firm/Company)

456 HARRISON AVE

(Address)

PANAMA CITY, FL 32401

(City/State and Zip Code)

For further information concerning this matter, please call:

IGNATIUS BRANNON at (850) 819-1225

(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

17 AUG 14 PM 1:33


**SECRETARY
TALLAHASSEE**

I, BARBARA DINSE, hereby resign as TREASURER
(Title)

of IHPS INC
(Name of Corporation)

P17000000829, 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