P20000017687

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
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TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations	•		
SUB.	JECT:			
0000		(Name of Co	rporation)	-
DOC	CUMENT NUMBER: P20000017687			-
The e	enclosed Officer/Director Resignation f	or a Corpora	ation and fee are submitted for fili	ing.
Pleas	se return all correspondence concerning	this matter t	to the following:	
John \	Virga			
	(Name of Person)		 .	
	(Name of Firm/Company)			
3951	N 49th Avenue			
	(Address)			
Holly	wood, FL 33021			
	(City/State and Zip Code)			
For fi	further information concerning this matt	er, please ca	all:	
John \	Virga	954 at (292-4176) Code & Daytime Telephone Number	
	(Name of Person)	(Area (Code & Daytime Telephone Number	Ē)
Enclo	osed is a check for \$35.00 made payabl	e to the Flor	rida Department of State.	

Mailing Address:
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

John Virga r	Vice President, hereby resign as
	, fictory resign as (Title)
Buddhist Vibes Inc	
(Nai	nie of Corporation)
P20000017687	, a corporation organized under the laws of the State of
(Document Number, if known)	
Florida	
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J.	No Upa
	(Sighature 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