

P20 0000030916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

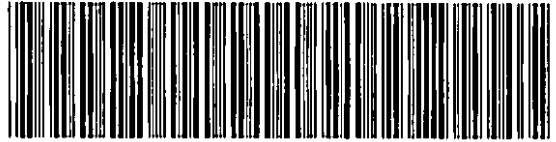
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700346066767

06/15/20--01026--008 **35.00

20 JUN 15 PM 4:05

old Resignation

JUL 30 2020

D CUSHING

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CHRISTALYNN INC
(Name of Corporation)

DOCUMENT NUMBER: P20000030916

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

LISA L ZIROT
(Name of Person)

CHRISTALYNN INC
(Name of Firm/Company)

4223 KINGS CT
(Address)

JACKSONVILLE, FL 32217
(City/State and Zip Code)

For further information concerning this matter, please call:

LISA L ZIROT at (281) 660-7172
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

20 JUN 15 PM 4:05

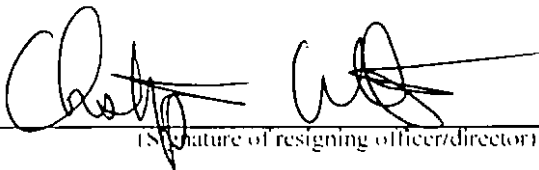
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CHRISTOPHER A WHITE, hereby resign as VICE PRESIDENT
(Title)

of CHRISTALYNN INC
(Name of Corporation)

P20000030916, 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

20 JUN 15 14 4: 05