P9400072217

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: VICHRIS TNC. (Name of Corporation)
DOCUMENT NUMBER: P940000 722 17
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Pamela Christie (Name of Person)
Vi CHRIS INC. (Name of Firm/Company)
13230 LegeNDS TRAL (Address)
Dade City FL 33525 (City/State and Zip Code)
For further information concerning this matter, please call:
William Christie at 352, 588-2800

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(Name of Person)

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

(Area Code & Daytime Telephone Number)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Pame /A Christie, hereby resign as Secretary	
of VICHRIS TNC (Name of Corporation)	
	_,
(Document Number, if known), a corporation organized under the laws of the State of	
FLorida.	
(Signature of resigning officer/director)	
TALLAHASSE	77
FILING FEE IS \$35.00 FILING FEE IS \$35.00 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