(Re	equestor's Name)
(Ac	ddress)
(Ad	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(De	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
-	
	Office Use Only



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07/25/08--01006--019 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: VAN SNAX DISTRIBUTORS (Name of Corporation	INC.			
DOCUMENT NUMBER: <u>P 970000 25 10 6</u>				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
JEFF REY J. VANHAE (Name of Contact Pers	ERENTS on)			
VAN SNAX DISTRIBUTORS, INC. (Firm/Company)				
6571 - 43RD ST. N., UNIT 1707 (Address)				
PINEUAS PARK FL 33781 (City/State and Zip Code)				
For further information concerning this matter, please call:				
ELAINE VANHAERENTS at (727) 522-7079 (Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Amendment Section	Street Address: Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, JAMES J. VANHA	AERENTS, hereby resign as P	RESIDENT (Title)
of VANISNAX DIST	RIBUTORS, INC. Jame of Corporation)	,
P 97000025106 (Document Number, if known)	, a corporation organized under th	e laws of the State of
FLORIDA		
Jan	(Signature of resigning officer/director)	2008 JUL 25 PM SECRETARY OF S TALLAHASSEE. FL
	FILING FEE IS \$35.00	92 I

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314