519070

| (Re | equestor's Name) | | | | |
|---|--------------------|-------------|--|--|--|
| (Ac | idress) | | | | |
| (Ac | ldress) | | | | |
| (Ci | ty/State/Zip/Phone | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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SEGRIFANT OF STATE TALL AHASSEE, FLORING

C.M 8-8-14

TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: SecurTest, Inc. (Name of Corporation) |
| DOCUMENT NUMBER: S19070 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Steven C. Millwee |
| (Name of Person) |
| SecurTest, Inc. |
| (Name of Firm/Company) |
| 1720 Epps Bridge Pkw 108-380 |
| (Address) |
| Athens, GA 30606 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Steven C. Milwee (Name of Person) (Name of Person) (Area Code & Daytime Telephone Number) |
| (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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301 |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| $_{_{ m I}}$ Christine R. M | illwee .her | , hereby resign as Secretary/Officer | | | | |
|-----------------------------------|-----------------------|--------------------------------------|-------------------|------------------|-------------------|--|
| SecurTest, Inc | | | (Title) | | | |
| | (Name of Corporation) | | ****** | | ` | |
| S19070 (Document Number, if known | , a corporation | organized under the law | s of the State | e of | | |
| Florida | · | | SECRER TALLAHA | 14 JUĽ 24 | -1-1 | |
| | | | | 42 | en ia. | |
| <u>Om</u> | otine R. | Milliver | E FLOTA | PM 8: | | |
| | (Signature of resign | ing officer/director) | 35 | 55 | | |

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