

N110000009283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

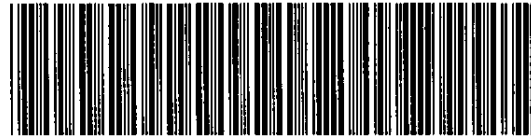
(Business Entity Name)

(Document Number)

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COVER LETTER

October 17, 2012

TO: Amendment Section
Division of Corporations

SUBJECT: Amazing Grace Healing Ministries, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N11000009283

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph Rayl
(Name of Person)

(Name of Firm/Company)

22129 N. Austin Merriett Rd
(Address)

Groveland, FL 34736
(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph Rayl at (352) 728-8958
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

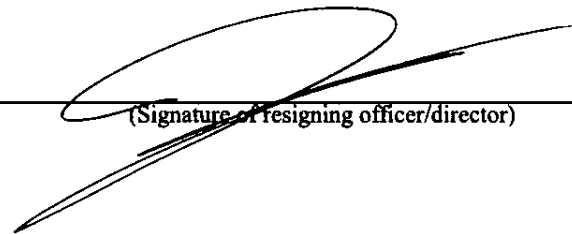
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Joseph Rayl, hereby resign as VP
(Title)

of Amazing Grace Healing Ministries, Inc
(Name of Corporation)

N11000009283, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director) 10/17/12

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

RECEIVED
DIVISION OF CORPORATIONS
12 OCT 19 AM 9:59

COVER LETTER

TC₄ Amendment Section
Division of Corporations

NAME OF CORPORATION: IDREAMTOUR, INC

DOCUMENT NUMBER: P08000053198

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person

Firm/ Company

231-174 STREET SUITE 305

Address

Sunny Isles Beach, FL 33160

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|---|--|---|--|

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