702946

(Requestor's	s Name)	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP V	VAIT MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Ce	ertificates of Status	
Special Instructions to Filing Officer:		
	January Carlos	
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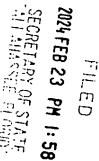
Office Use Only





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02/23/24--01012--007 **87.50



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Holly word Blad Bigdist Church (Name of Corporation)
DOCUMENT NUMBER: 702946
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Carl Johnson (Name of Person)
Holly word Blod Baptist Church (Name of Firm/Company)
204 Holly word Blud SE
Fort Walter Beach Fl 32548 (City/State and Zip Code)
For further information concerning this matter, please call:
Carl Johnson at (850) 496: 7802 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509,	or 617.1509,
Florida Statutes, the undersigned, Willie M. Face (Name of Registered Agent	,
hereby resigns as Registered Agent for Holly word Blad (Name of Corporation)	
702 946 (Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its l	ast known address.
The agency is terminated and the office discontinued on the 31st day after the	ne date on which
Willim Pace	
(Signature of Resigning Agent)	2 2
If signing on behalf of an entity:	FIL 1024 FEB 23 SECRETARY
(Typed or Printed Name)	FILED B 23 PY TARY OF IIASSE
	EVOSII LV1S.
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Fee for filing this document:

\$87.50 - Active Corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

(Capacity)