N04000000445

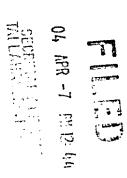
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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CERTIFIED MAIL # 7003-1680-0006-4777-9546 RETURN RECEIRT REQUESTED

TRANSMITTAL LETTER

Division of Corporations NEW HOPE COMMUNITY CENTER, INC. (Name of Corporation) N04000000445 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **JULIO E. PEREZ** (Name of Person) NEW HOPE COMMUNITY CENTER, INC. (Name of Firm/Company) 9400 NW 12TH STREET (Address) MIAMI, FL. 33172 (City/State and Zip Code) For further information concerning this matter, please call: JULIO E. PEREZ 507-1000 EXT. 102 (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: Amendment Section Division of Corporations P.O. Box 6327

· TO:

Amendment Section

Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, AIDA DIEGO	, hereby resign as OFFICER/DIRECTOR
<u> </u>	(Title)
of NEW HOPE COMMUN	
	(Name of Corporation)
N04000000445	, a corporation organized under the laws of the State of
(Document Number, if know	<u>/n)</u>
FLORIDA	·
	TAT SE ST
	audus
	(Signature of resigning officer/director)

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