N04000002899

(Ke	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	_
(Cit	ty/State/Zip/Phone	· #)
_		_
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
	Ell' Off	
Special Instructions to	Filing Officer:	
		





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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: A WELL OF LIVING WATER CHRIST	TIAN MINISTRIES, INC.			
(Name of Corporation)				
DOCUMENT NUMBER: N04000002899				
The enclosed Officer/Director Resignation for a	a Corporation and fee are submitted for filing.			
Please return all correspondence concerning thi	s matter to the following:			
ALEXIS KING				
(Name of Person)				
(Name of Firm/Company)				
19020 NW 8TH AVENUE				
(Address)				
MIAMI, FLORIDA 33169				
(City/State and Zip Code)				
For further information concerning this matter,	please call:			
ALEXIS KING	305 653-3563			
(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
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ALEXIS KING	SECRETARY , hereby resign as	SECRETARY hereby resign as		
',	, nercoy resign as	(Title)		
A WELL OF LIVING WATER O				
	(Name of Corporation)			
N04000002899	a corporation organized under the laws	of the State of	,	
(Document Number, if known	n)			
FLORIDA				
	Clo Xis Ling (Signature of Jesigning officer/director)	2022 NOV 28 AN 9: 36	17 cang	

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