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TRANSMITTAL LETTER

SUBJECT: Resignation of Officer/Director

(Name of Corporation)

DOCUMENT NUMBER: N04000007706

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Gary A. Smith

(Name of Person)

Heritage University and Seminary, Inc.

(Name of Firm/Company)

2835 Ames Haven Road

(Address)

Kissimmee, FL 34744

(City/State and Zip Code)

For further information concerning this matter, please call:

Gary A. Smith

(Name of Person)

(Name of Person)

(Name of Person)

(Area Code & Davtime 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

TO:

Amendment Section Division of Corporations

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FILED

2014 SEP -8 PM 3: 30

James Nelson Her	nrv .lr	ign Director and Secretary
I, dames recision rici	hereby res	ign (Title)
of Heritage Universi		
(Nam	e of Corporation)	,
N04000007706 (Document Number, if known)	, a corporation organi	ized under the laws of the State of
Florida		
	,	
	(Signature of resigning offic	per/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