N05000007580

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nai	me)
`	•	•
(Docs	ument Number)	
(2000		
Certified Copies	Certificate	e of Statue
Octanica oopica	Gertinicate.	3 Or Otatus
		
Special Instructions to Fi	ling Officer:	

Office Use Only



000400018440

01/13/23--01007--009 **35.00

2023 JAN 13 AM 9: 07

of 3/19/2023

TRANSMITTAL LETTER

Division of Corporations The Jesus Clinic, Inc. **SUBJECT:** (Name of Corporation) DOCUMENT NUMBER: N05000007580 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Brenda Bray (Name of Person) The Jesus Clinic, Inc. (Name of Firm/Company) 1630 Mason Avenue Unit A (Address) Daytona Beach, FL 32117 (City/State and Zip Code) For further information concerning this matter, please call: Brenda Bray (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations **Division of Corporations**

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1	Pamela J. Gilmer	Vice President, hereby resign as		
٠, _		(Title)		
of	The Jesus Clinic, Inc.			
	(Nan	e of Corporation)		
	N05000007580	, a corporation organized under the laws of the State of		
	(Document Number, if known)	, a corporation organized under the saws of the state of		
	Florida	·		
	James	Construction of the signing officer/director of the signing of the signing officer/director of the signing of the		

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