## N06000003253

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700330192447

08,10,416

2019 JUN 10 PH 1: 43
SECRETARY OF STATE
TALLAHASSEE, FI

JUN 1 4 2019

C KILLS.

## TRANSMITTAL LETTER

CHRISTIAN CHURCH OF ORLANDO, INC. (Name of Corporation) N06000003253 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: STEPHANIE CASTRO (Name of Person) ACCOUNT BOOKKEEPING CORP (Name of Firm/Company)

5301 CONROY RD, STE 140

(Address)

ORLANDO, FL 32811

(City/State and Zip Code)

For further information concerning this matter, please call:

STEPHANIE CASTRO at (407) 898-1757 (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

TO:

Amendment Section Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

**Street Address:** 

Amendment Section **Division of Corporations** 2661 Executive Center Circle Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Ι, _	MARCIA BOSELLI	hereby resign as VICE PR	(Title)	
of		JRCH OF ORLANDO,	INC.	,
_	N06000003253	f Corporation)  , a corporation organized under the laws of	f the State of	_ ^
	(Document Number, if known) FLORIDA			
			2019 SEE	
		gnature of resigning officer/director)	2019 JUN TO PM SECRETAINS ÓF TALLAHÁSSEI	
			I: 43 E. FL	

## 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