

NO6000003618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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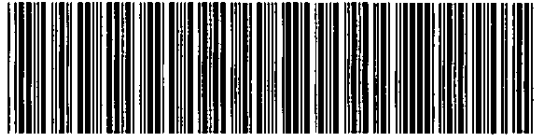
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Master's Voice School of Ministry Inc.
(Name of Corporation)

DOCUMENT NUMBER: N06000003618

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rev. Alfredo F. Gonzalez

(Name of Person)

The Master's Voice School of Ministry Inc.

(Name of Firm/Company)

4386 sw 163 path

(Address)

Miami, FL 33185

(City/State and Zip Code)

For further information concerning this matter, please call:

Rev. Marcia Castillo

(Name of Person)

at (786) 553 4325

(Area Code & Daytime Telephone Number)

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

Street Address:

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

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

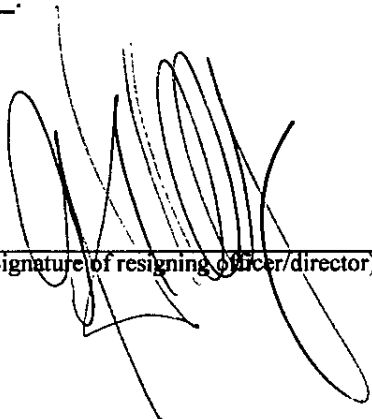
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 AUG 14 AM 10:16

I, Alfredo F. Gonzalez, hereby resign as Secretary
(Title)

of The Master's Voice School of Ministry Inc.
(Name of Corporation)

N06000003618, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(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