

N1 00000007012

Alvarez
212 N Gomez
Tampa, FL 33609

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

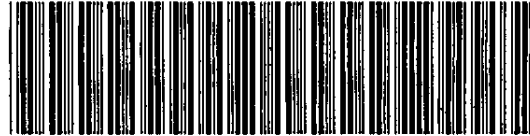
(Business Entity Name)

(Document Number)

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C. CARROTHERS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bridge of Hope Center Inc
(Name of Corporation)

DOCUMENT NUMBER: N10000007012

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

Please return all correspondence concerning this matter to the following:

DONNA ALVAREZ

(Name of Person)

BRIDGE OF HOPE CENTER INC

(Name of Firm/Company)

212 N GOMEZ AVE

(Address)

TAMPA, FL 33609

(City/State and Zip Code)

For further information concerning this matter, please call:

DONNA ALVAREZ at (**813**) **735-1929**
(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
2661 Executive Center Circle
Tallahassee, FL 32301

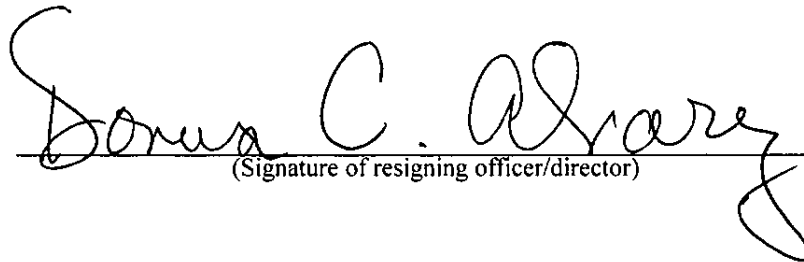
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, DONNA ALVAREZ, hereby resign as TREASURE
(Title)

of BRIDGE OF HOPE CENTER INC,
(Name of Corporation)

N10000007012, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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