N17000010200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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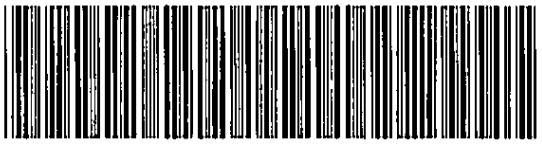

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NOV 09 2017

S. YOUNG

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Transformation Ministries of HCF, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N12000002000

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

Please return all correspondence concerning this matter to the following:

Preston K. Harrison
(Name of Person)

(Name of Firm/Company)

3639 NW CR 233
(Address)

Starke, FL 32091
(City/State and Zip Code)

For further information concerning this matter, please call:

Lonnie R. Johns at (386) 867-0038
(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

CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Lonnie R. Johns, hereby resign as Treasurer/Director (Title)

of Transformation Ministries of HCF, Inc (Name of Corporation)

N12000002000 (Document Number, if known), a corporation organized under the laws of the State of Florida.

(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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