N12000004118

| (Re | questor's Name) | | | | |
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| (Ad | dress) | | | | |
| (Ad | dress) | | | | |
| (Cit | y/State/Zip/Phon | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bu | siness Entity Nar | me) | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificate: | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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TRANSMITTAL LETTER

| Division of Corporations | | | | | | |
|---|--|--|--|--|--|--|
| SUBJECT: IGLESIA DE DIOS MILAGROS DE JESUS, INC. (Name of Corporation) | | | | | | |
| DOCUMENT NUMBER: N12000004118 | | | | | | |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. | | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | | |
| PEDRO CARRANZA | | | | | | |
| (Name of Person) | | | | | | |
| IGLESIA DE DIOS MILAGROS DE JESUS, INC. | | | | | | |
| (Name of Firm/Company) | | | | | | |
| 1837 NW 60 STREET | | | | | | |
| (Address) | | | | | | |
| BELL, FLORIDA 32619 | | | | | | |
| (City/State and Zip Code) | | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| PEDRO CARRANZA at (386) 935-4407 (Area Code & Daytime Telephone Number) | | | | | | |
| (Name of Person) (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
2661 Executive Center Circle
Tallahassee, FL 32301

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

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, ROBERTO MENDO | OZA | _, hereby resign | TREASURER-SE as | CRETARYDIRECT | TOR |
|-----------------------------|---------------|-----------------------|--------------------|-----------------|-----|
| of IGLESIA DE DIOS | MILA | GROS D | E JESUS | S, INC. | |
| | e of Corporat | | | | |
| N12000004118 | | | | | 1 |
| (Document Number, if known) | , a corpo | oration organized | l under the laws o | of the State of | 1 |
| • | | | | Total | D . |
| FLORIDA | | | | بين درين دري | |
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| | | | | | |
| | (Signature of | f resigning officer/d | irector) | | |

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