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(Re	questor's Name)		
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(CIT	y/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
V ···	,	,	
(Do	cument Number)	•	
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Eiling Officer	}	
Special Instructions to Filing Officer:			
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TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUBJ	Harvest of Christ Central, Inc. (Name of Corporation)
DOC	UMENT NUMBER: N1300006557
The en	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	e return all correspondence concerning this matter to the following:
	(Name of Person)
Unite	ed States Corporation Agents, Inc
	(Name of Firm/Company)
133	302 Winding Oaks Blvd, Suite A
	(Address)
Tar	mpa FL 33612
 -	(City/State and Zip Code)
For fu	orther information concerning this matter, please call:
Lor	nnie R. Johns (Name of Person) at (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amen Divisi P.O. E	ng Address: Idment Section On of Corporations Box 6327 Box 6327 Box 63214 Bo

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ı, Lonnie R. Johns	, hereby resign as_	Treasurer/Director (Title)
of Harvest of Christ Ce		
N13000006557	Corporation) a corporation organized und	der the laws of the State of
Florida		
Sign	nature of resigning officer/direct	or)
FIL	ING FEE IS \$35.00	ASSEE

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

Make checks payable to Florida Department of State and mail to: