

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
|                         |                    |           |
| (Address)               |                    |           |
|                         |                    |           |
| (Address)               |                    |           |
|                         |                    |           |
| (Cit                    | ty/State/Zip/Phone | e #)      |
| <b>(</b>                | <b>,</b>           | <b>,</b>  |
| PICK-UP                 | ☐ WAIT             | MAIL      |
|                         |                    |           |
| (Bu                     | isiness Entity Nar | me)       |
|                         |                    |           |
| (Document Number)       |                    |           |
| •                       | ·                  |           |
| Certified Copies        | Certificates       | of Status |
|                         |                    |           |
|                         |                    |           |
| Special Instructions to | Filing Officer:    |           |
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## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

| DeMarlo McKinn SUBJECT:   | ey Ministries The HOPE Coach Inc   |
|---|--|
|   | (Name of Corporation)  |
| DOCUMENT NUMBER:N18   | 5000006280   |
| The enclosed Officer/Director Res   | ignation for a Corporation and fee are submitted for filing  |
| Please return all correspondence co   | oncerning this matter to the following:  |
| Kriston N. McKinney   |  |
| (Name of Per  | rson)  |
| (Name of Firm/C   | Company)   |
| 9947 Porta Leona Ln.  |  |
| (Address  |  |
| Boynton Beach, FL 33472   |  |
| (City/State and Z   | Cip Code)  |
| For further information concerning  | g this matter, please call:  |
| Kriston N McKinney  | 561 733-0235   |
| (Name of Person)  | at () (Area Code & Daytime Telephone Number)   |
| Enclosed is a check for \$35.00 ma  | de 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

| Kriston N. McKinney         | Vice President   |
|-----------------------------|--|
| I,                          | , hereby resign as (Title)                               |
| DeMarlo McKinney Ministri   | es The HOPE Coach Inc                                    |
| (Nan                        | ne of Corporation)                                       |
| (Document Number, if known) | , a corporation organized under the laws of the State of |
| Florida                     |  |
|                             | <del></del> •  |
|                             |  |
|                             |  |
|                             |  |
| Harden                      | (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