NI500009510

(1	Requestor's Name)
()	Address)
()	Address)
((City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(f	Business Entity Name)
([Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	J. HORNE
	AUG 2 4 2023
	Office Use Only



97/28/23--01010--005 ++35.00



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: In God's Divine Light Healing and Meta physical (Name of Corporation) Center Inc DOCUMENT NUMBER: <u>N 15000009510</u>

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

Please return all correspondence concerning this matter to the following:

Haley Bond

(Name of Firm/Company)

2951 Wood Street

Sarasota FL 34337 (Citv/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

at (_____) (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 <u>Street Address:</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

3 JUL 26 PH 32 1 Ger Thr 1, Haley Bond, hereby resign as <u>Sectet</u> of In God's Divine high + Healing and Metaphysica ____. a corporation organized under the laws of the State of N 15680009510 (Document Number, if known) Florida

ature of esigning 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