

N1700000 8694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

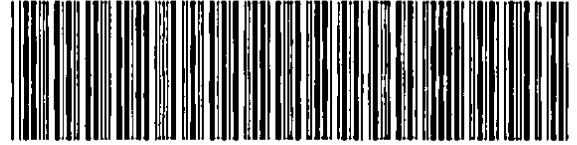
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400324252884

02/08/19--01008--029 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 FEB -8 A 10:25

FILED

2/18/19 JS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A HOPE FOR SANTA ROSA COUNTY FL, INC
(Name of Corporation)

DOCUMENT NUMBER: N17000008694

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

Please return all correspondence concerning this matter to the following:

Brandi Winkleman

(Name of Person)

A HOPE FOR SANTA ROSA COUNTY FL, INC

(Name of Firm/Company)

P.O. BOX 4629

(Address)

MILTON, FL 32572

(City/State and Zip Code)

For further information concerning this matter, please call:

Brandi Winkleman

(Name of Person)

at (**850**) **368-2858**

(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

2019 FEB - 8 A 10:25
TALLAHASSEE, FLORIDA

FILED

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Deb Bankes, hereby resign as Director
(Title)

of A HOPE FOR SANTA ROSA COUNTY FL, INC
(Name of Corporation)

N17000008694, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Deb Bankes
(Signature of resigning officer/director)

TALLAHASSEE, FLORIDA

2019 FEB - 8 A 10:25

FILED

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