Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H22000238882 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : FLORIDA CORPORATIONS SERVICES INC

Account Number : I20150000012 Phone : (786)203-8465 Fax Number : (305)269-7731

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

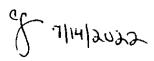
Email Address: _____drisraelmontealegre@gmail.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN MINISTERIO CIUDAD DE DIOS INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

Help



TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations		
SUB	JECT: MINISTERIO CIUDAD DE DIOS INC.		
	·	ame of Corpo	ration)
DOC	CUMENT NUMBER: N18000012148		
The	enclosed Officer/Director Resignation for	a Corporatio	on and fee are submitted for filing.
Pleas	se return all correspondence concerning th	is matter to	the following:
J. 1sr	ael Montealegre		
	(Name of Person)		_
Flori	da Corporation Services		
	(Name of Firm/Company)		_
2863	3 SW 69 Court		
	(Address)		
Mia	mi FL 33155		
	(City/State and Zip Code)		-
For	further information concerning this matte	er. please ca	II:
J. 1	srael Montealegre	786	203-8465
	(Name of Person)	Area (Code & Daytime Telephone Number)
En	closed is a check for \$35.00 made payabl		
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	An Div Th 24	ret Address: nendment Section vision of Corporations c Centre of Tallahassee 15 N. Monroe Street, Suite 810 llahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

2022 JUL	13	PH	4: 5£
- 			: 1

Jerusias Montealegre			
	(Title)		
MINISTERIO CIUDAD DE DIOS INC.			
(Name of	Corporation)		
N18000012148	3 Corporation association in the second		
(Document Number, if known)	a corporation organized under the laws of the State of		
Florida			
(Sig	nature of resigning officer/diseases		

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