## N20000006205

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

HEART 4 HOMELESS INC. SUBJECT:	
SUBJECT:(	Name of Corporation)
DOCUMENT NUMBER: N20000006205	
The enclosed Officer/Director Resignation for	or a Corporation and fee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
KAREN HEDEGAARD	
(Name of Person)	
HEART 4 HOMELESS INC	
(Name of Firm/Company)	
1025 S, ORANGE BLOSSOM TRAIL	
(Address)	
ORLANDO, FL 32805	
(City/State and Zip Code)	
For further information concerning this matt	er, please call:
KAREN HEDEGAARD	info@heart4homelessorlando.com at (
(Name of Person)	at ()  (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable	e to the Florida Department of State.
Mailing Address:	Street Address: Amendment Section
Amendment Section	Amendment acction

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

MORGAN HOSTETLER	, hereby resign as		
•••	, noted, resign as	(Title)	
-HEART 4 HOMELESS INC. of	HEART 4 HOMELESS INCORPORATED		·
	(Name of Corporation)		
N20000006205	, a corporation organized under the lay	ws of the State of	
(Document Number, if know	wn)		
FLORIDA			
	·	202: SE: T/	
		2022 AUG 17 SECRELLIARA TALLARA	Ŧ
		6 I	CONTRACTOR OF THE PERSON OF TH
	4	SSEE	n
	(Signature of resigning officer/director)	FL.	•

## 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