

N230000002079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

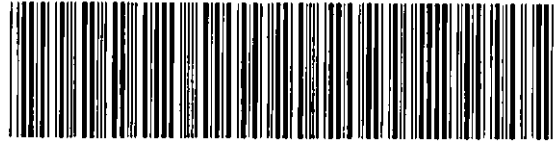
(Business Entity Name)

(Document Number)

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2024 AUG 20 PM 5:42  
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AUG 27  
S. PRATHER

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GIRLS OF GRACE, INC  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** N23000002079  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Shirl Hudson  
\_\_\_\_\_  
(Name of Person)

Girls of Grace, Inc.  
\_\_\_\_\_  
(Name of Firm/Company)

1845 NW 65th Street  
\_\_\_\_\_  
(Address)

Miami, FL 33147  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Shirl Hudson at ( 786 ) 569-4890  
\_\_\_\_\_  
(Name of Person) (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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, SHIRL HUDSON, hereby resign as PRESIDENT  
(Title)

of GIRLS OF GRACE, INC.  
(Name of Corporation)

N23000002079, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

Shirl Hudson  
(Signature of resigning officer/director)

2024 AUG 20 PM 5:42  
TALLAHASSEE, FLORIDA

**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