

N23000012831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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(Business Entity Name)

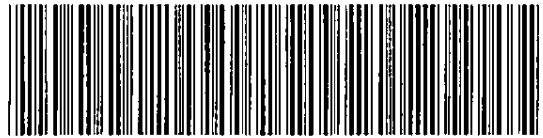
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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DIVINE JOURNEYS INC  
(Name of Corporation)

**DOCUMENT NUMBER:** N23000012831 / EIN: 93-4168933

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

Please return all correspondence concerning this matter to the following:

JULIANA MOREIRA  
(Name of Person)

DIVINE JOURNEYS INC  
(Name of Firm/Company)

5927 SW 70th St PO Box: 432786  
(Address)

MIAMI FL 33143  
(City/State and Zip Code)

For further information concerning this matter, please call:

JULIANA MOREIRA at (786) 223 6184  
(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

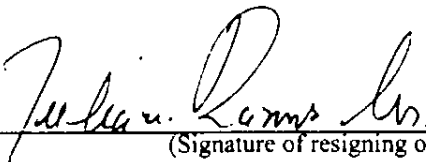
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, JULIANA MOREIRA, hereby resign as VP  
(Title)

of DIVINE JOURNEYS INC  
(Name of Corporation)

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

FLORIDA

  
(Signature of resigning 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