## 

(Re	equestor's Name)	
(Ac	ldress)	
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(Cir	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	JUL 222	RNE 1024





09/25/24--01000--009 **\*\***05.90



## TRANSMITTAL LETTER

Gods Provision Church Inc. SUBJECT: (Name of Corporation) DOCUMENT NUMBER: N24000005817 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Matthew Lavin (Name of Person) Gods Provision ChurchInc (Name of Firm/Company) 209A Pelican Lake Dr. (Address) Pahokee FL 33476 (City/State and Zip Code) For further information concerning this matter, please call: Matthew Lavin (Name of Person)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section

Division of Corporations

TO:

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

2024 July 200

Pierce Lavin	Treasurer , hereby resign as	
,	Title)	
Gods Provision Church Inc		
(Nan	ne of Corporation)	
(Document Number, if known)	, a corporation organized under the laws of the State of	
lorida		
	<del></del> ·	
_ Pierce	Lauria	

## 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