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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
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COVER LETTER

	nendment Section vision of Corporations
SUBJECT	Home Trust Financial, Inc.
	(Name of Corporation) ENTENDINGED. P07000071660
DOCUMI	ENT NUMBER: P07000071660
The enclos	sed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please retu	arn all correspondence concerning this matter to the following:
Susana	I. Adrianzen
	(Name of Person)
Home Ti	rust Financial, Inc
	(Name of Firm/Company)
211 NW	102 St
	(Address)
Miami, F	T 33150
	(City/State and Zip Code)
For further	r information concerning this matter, please call:
Susana I	. Adrianzen at (305) 333-3212 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed i	s a check for \$35.00 made payable to the Florida Department of State.
Street Ade Amendme Division o Clifton Bu 2661 Exec Tallahasse	dress: Mailing Address: Int Section Amendment Section If Corporations Division of Corporations Iding Post Office Box 6327 Intive Center Circle Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

hereby resign as President	
	(Title)
	,
me of Corporation)	
07000071660, a corporation organized under the laws of the State of (Document Number, if known)	
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(Signature of resigning officer/director)	FILED NUG 23 PM RETARY OF S
	me of Corporation)

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314