

PO 700094/172



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(Address)

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Covenant Restoration, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000094172

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

Please return all correspondence concerning this matter to the following:

Amanda Williams  
(Name of Person)

Covenant Restoration, Inc  
(Name of Firm/Company)

3473 SE 144th St  
(Address)

Starke, FL 32091  
(City/State and Zip Code)

For further information concerning this matter, please call:

Amanda Williams at (904) 364-8340  
(Name of Person) (Area Code & Daytime Telephone Number)

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

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

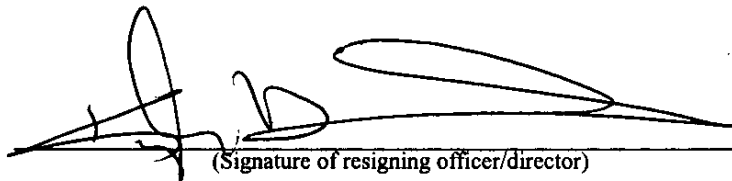
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Kyle Harrison, hereby resign as Secretary  
(Title)

of Covenant Restoration Inc  
(Name of Corporation)

P070000094172, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

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SECRETARY OF STATE  
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