P0900095245

(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

TO: Amendment Section Division of Corporations
SUBJECT: Joseph's Journey Corporation (Name of Corporation)
DOCUMENT NUMBER: P09000095245
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael A. Trujillo (Name of Person)
·
Joseph's Journey Corporation
(Name of Firm/Company)
Toseph's Journey Corporation (Name of Firm/Company) P.O. Box 1.543 (Address)
(Address)
San Bruno, CA 9406le
(City/State and Zip Code)
For further information concerning this matter, please call:
Tevome C. Ferrevas at (321) 305-3827 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

, Michael A. Truji	hereby resign as	Secretary
,		(Title)
of Joseph's Journ	ney Corporation	
(Name o	of Corporation)	
P09000095245 (Document Number, if known)	_, a corporation organized und	er the laws of the State of
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