

P21000055277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

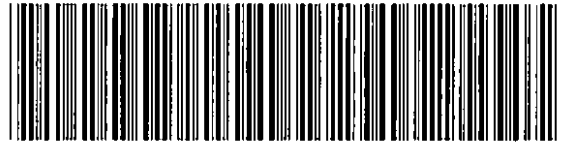
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J. HORNE  
SEP 27 2023

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STATE OF FLORIDA

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 4H TRANSFER CORP  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P21000055277  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

HERNANDEZ, CARMEN M  
\_\_\_\_\_  
(Name of Person)

4H TRANSFER CORP  
\_\_\_\_\_  
(Name of Firm/Company)

2031 SW 127TH CT  
\_\_\_\_\_  
(Address)

MIAMI, FL 33175  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

GABRIEL HERNANDEZ at (786) 229-0955  
\_\_\_\_\_  
(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

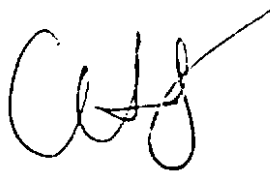
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED  
23 AUG 25 AM 8:21  
TALLAHASSEE, FLORIDA

I, CARMEN M. HERNANDEZ, hereby resign as SECRETARY  
(Title)

of 411 TRANSFER CORP  
(Name of Corporation)

P21000055277, 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