N17000003208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FEB 22 2019

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Scars of the Past, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N17000003208

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

Please return all correspondence concerning this matter to the following:

Miriam Herrera
(Name of Person)

(Name of Firm/Company)

951 S. Ferdon Blvd.
(Address)

Crestview, FL 32536
(City/State and Zip Code)

For further information concerning this matter, please call:

Patti Adams at (281) 881-7253
(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
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, Miriam Herrera, hereby resign as Audit Committee
(Title)

of Scars of the Past, Inc.
(Name of Corporation)

N17000003208, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

(Signature of resigning officer/director)

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TALLAHASSEE, FL

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