(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only States 21ph Hone ny
PICK-UP WAIT MAIL
(Business Entity Name)
(Basiliess Ellity Name)
(Document Number)
Certified Copies Certificates of Status
<u> </u>
Special Instructions to Filing Officer:

Office Use Only

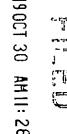


600336041376

10/30/19--01007--002 \*\*35.00

S TALLENT NOV 27 2019





## TRANSMITTAL LETTER

TO:	2: Amendment Section Division of Corporations					
SUBJ	JECT: Mi cuerpo es mi historia, Inc. (Name of Corporation)					
DOC	UMENT NUMBER: N1900009106					
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing					
Please	e return all correspondence concerning this matter to the following:					
	QUINTIN SCO77 (Name of Person)					
	S TUDIO Q LLC (Name of Firm/Company)					
11	SS BRICKELLBAY DR. 2205 (Address)					
<u> </u>	MIAMI, FL 33131 (City/State and Zip Code)					
For fu	urther information concerning this matter, please call:					
(	QUINTIN SCOTT at (847) 322-9364 (Name of Person) at (847) (Area Code & Daytime Telephone Number)					
Enclo	osed is a check for \$35.00 made payable to the Florida Department of State.					
Amen Divisi P.O. E	Ing Address: Independent Section Independent S					

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

. . . .

l	Bridgette sanchez	, hereby resign as	CMO	(Title)	
of	Mi cuerpo es mi histori (Na	ia, Inc.			<u> </u>
<u> </u>	1900009106 (Document Number, if known)	a corporation organized und	er the laws of	the State of	
	FLORIDA	·			
		Bidget & (Signature of resigning officer/director)	or)	_	
				2019 OCT 30 SECRETATION	T
		FILING FEE IS \$35.00		AH III	

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

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