

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



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2020 SEP 15 PM 4: 15

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TRANSMITTAL LETTER

ShortFin Capital Management Inc. SUBJECT: (Name of Corporation) DOCUMENT NUMBER:_____F20000002821 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Laurie Attar (Name of Person) Flexible Financial Services Inc. (Name of Firm/Company) 8800 Johnson Street (Address) Pembroke Pines, FL 33024 (City/State and Zip Code) For further information concerning this matter, please call: Laurie Attar (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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Michael Attar	Director & Treasurer , hereby resign as
	, hereby resign as (Title)
ShortFin Capital Management In	
	(Name of Corporation)
F20000002821 (Document Number, if known	a corporation organized under the laws of the State of
Delaware	·
	(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

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