

N16 000000 756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

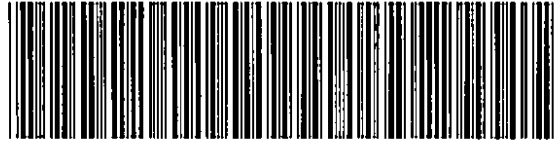
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

JQ 09/24/20

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FREED PERFORMING ARTS, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** N16000000756

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

Please return all correspondence concerning this matter to the following:

BRENDA BRAY  
(Name of Person)

N/A  
(Name of Firm/Company)

PO BOX 730923  
(Address)

ORMOND BEACH, FL 32173  
(City/State and Zip Code)

For further information concerning this matter, please call:

BRENDA BRAY at (386) 871-6005  
(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**

I, BRENDA BRAY, hereby resign as OFFICER/TREASURER  
(Title)

of FREED PERFORMING ARTS, INC.  
(Name of Corporation)

N 16 000000756, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

Brenda Bray  
(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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TALLAHASSEE, FL

**FILED**