

N20 0000001216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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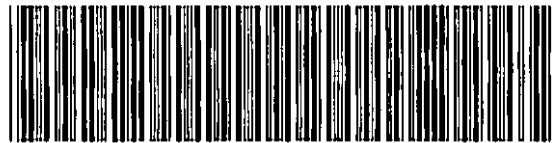
(Business Entity Name)

(Document Number)

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FEB 05 2021

J ALBRITTON

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

HELPING OPPRESSED & MARGINALIZED COMMUNITIES TO ELEVATE, INC.

**SUBJECT:** \_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** N20000001216 \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Humberto Lopez Castillo

\_\_\_\_\_  
(Name of Person)

HELPING OPPRESSED & MARGINALIZED COMMUNITIES TO ELEVATE, INC.

\_\_\_\_\_  
(Name of Firm/Company)

4989 Ardmore Dr.

\_\_\_\_\_  
(Address)

Winter Park, FL 32792

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Humberto López Castillo 352 514-4390

\_\_\_\_\_  
(Name of Person) at (\_\_\_\_\_) \_\_\_\_\_  
(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**

Humberto Lopez Castillo

Treasurer

I, \_\_\_\_\_, hereby resign as \_\_\_\_\_  
(Title)

HELPING OPPRESSED & MARGINALIZED COMMUNITIES TO ELEVATE, INC.

of \_\_\_\_\_,  
(Name of Corporation)

N20000001216

\_\_\_\_\_, 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