

PO1000039375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

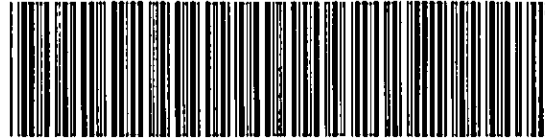
(Business Entity Name)

(Document Number)

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JAN 24 2021

I ALBRITTON

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SEE NO EVIL FILMS, INC

(Name of Corporation)

DOCUMENT NUMBER: P01000039375

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

Please return all correspondence concerning this matter to the following:

ZORAIDA ORTA

(Name of Person)

PROFESSIONAL BUSINESS ADVISORS II, INC

(Name of Firm/Company)

9485 SUN SET DRIVE SUITE A-200

(Address)

MIAMI FL 33173

(City/State and Zip Code)

For further information concerning this matter, please call:

ZORAIDA ORTA
_____ at (305) 596-9333
(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

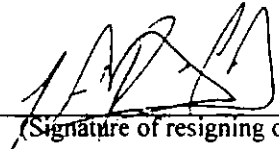
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JOSE ROGELIO CORDOVEZ, hereby resign as VP, Treasurer
(Title)

of SEE NO EVIL FILMS, INC
(Name of Corporation)

P01000039375, 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