(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

Division of Corporations
SUBJECT: SCOTT PICKENS ENTERPRISE, INC. (Name of Corporation) DOCUMENT NUMBER: P0900061409
DOCUMENT NUMBER: POTOBOGIAO
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Scott PICKENS (Name of Person)
Scott Picken's ENTERPRISE INC. (Name of Firm/Company)
13438 LITTLE GEM CIRCLE
FORT MYERS, FLORIDA 33913 (City/State and Zip Code)
For further information concerning this matter, please call:
Scott Pickens at (219) 313-3667 (Name of Person) at (219) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, JOCELYN O. PICKENS, hereby resign as UICE PRESIDENT
(Title)
of Scott Pickens ENTERPRISE, INC. (Name of Corporation)
(Document Number, if known), a corporation organized under the laws of the State of
FCORIDA.

FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

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