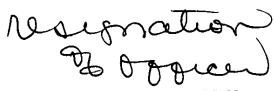
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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COVER LETTER

Division of Corporations Noir Motions, Inc. **SUBJECT:** (Name of Corporation) 500181407855 DOCUMENT NUMBER: The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **Matthew Withers** (Name of Person) M3reh Media, LLC (Name of Firm/Company) 1201 Winding Meadows Road (Address) Rockledge/FL/32955 (City/State and Zip Code) For further information concerning this matter, please call: **Matthew Withers** at (321) 3941875 (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address:
Amendment Section **Street Address:** Amendment Section
Division of Corporations **Division of Corporations** Clifton Building Post Office Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION 2010 OCT -7 PM 12: 07

SECRETARY OF STATE

_T Matthew Withers	, hereby resign as	/Director
*;	, norcey resign as	(Title)
of Noir Motions, Inc		
	ne of Corporation)	
500181407855	, a corporation organized under the	laws of the State of
(Document Number, if known)		
Florida		
MU	Unker	
	(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