Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170000381363)))



H170000381363ABC\$

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone

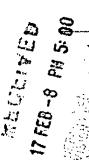
: (614)280-3338

Fax Number

: (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:



REGISTERED AGENT RESIGNATION KNOWLEDGE DELIVERY SYSTEMS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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Corporate Filing Menu

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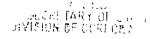
COVER LETTER

SUBJECT: KNOWLEDGE	DELIVER'	Y SYSTEMS, INC.
	(Name of Corpor	
DOCUMENT NUMBER: F15000	002676	
The enclosed Resignation of Registered	Agent for a Corpo	oration and fee are submitted for
Please return all correspondence concern	ing this matter to	the following:
Helen Mac-Tran		
(Name of Person)		_
C T Corporation Syste	m	
(Name of Firm/Compan	y) ·	
111 8th Avenue, 13th	Floor	
(Address)		
New York, NY 10011		
(City/State and Zip Cod	e)	
For further information concerning this n	natter, please call:	
Helen Mac-Tran	_{at (} 212	₅ 590-9118
(Name of Person)	. (Area Coo	le & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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



2017 FEB - 8 AH 8: 15

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, CT CORPORATION SYSTEM
(Name of Registered Agent)
hereby resigns as Registered Agent for KNOWLEDGE DELIVERY SYSTEMS, INC.
(Name of Corporation)
F15000002676
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
(Signature of Resigning Agent)
If signing on behalf of an entity:
CT CORPORATION SYSTEM-Helen Mac-Tran
(Typed or Printed Name)
ASSISTANT SECRETARY
(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314