## N14000006885

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificate:	s of Status
Special Instructions to Filing Officer:		
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## TRANSMITTAL LETTER

SUBJECT: KING HIGH SCHOOL ALUMNI ORGANIZATION, (Name of Corporation)	lve.
(Name of Corporation)  DOCUMENT NUMBER: N140000 6885	<u> </u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for fi	iling.
Please return all correspondence concerning this matter to the following:	
JAMES CLAKE (Name of Person)	
KING HIGH SCHOOL ALUMNI ONGANIZATION, INC. (Name of Firm/Company)	
P.O. Box 291271 (Address)	TALLAH SECRE
TAMPA, FL 33687 (City/State and Zip Code)	2 13 T
For further information concerning this matter, please call:	
TAMES CLARKE at (8/3) 495-84/9 (Name of Person) (Area Code & Daytime Telephone Numb	

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section Division of Corporations

TO:

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Rob HENNESSEE , hereby resign as VIP. SECRETARY DIRECTOR
of KING- HIGH SCHOOL ALUMNI ORGANIZATION, INC.
N1400006885, 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