000067046

(Requestor's Name)		
(Address)	20015878	
(Address)		
(City/State/Zip/Phone #)	08/21/0301054	
(Business Entity Name)	· · · · · · · · · · · · · · · · · · ·	
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TO:	Amendment Section Division of Corporations
SUBJ	ECT: HerSheKisses Inc.
	(Name of Corporation)
DOCU	UMENT NUMBER: P08000067046
The er	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	return all correspondence concerning this matter to the following:
Iman	ni McDonald
	(Name of Person)
	(Name of Firm/Company)
	(Name of Pitti/Company)
1506	6 Walton Avenue Apartment 6F
	(Address)
Bron	x, NY 10452
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
lmani	i McDonald at (917) 721-3224 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclos	sed is a check for \$35.00 made payable to the Florida Department of State.
Ameno Division Clifton 2661 E	Address: dment Section on of Corporations on Building Executive Center Circle assee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Imani McDonald	, hereby resign as	Chief Executive Officer	
"	,,g	(Title)	
of HerSheKisses Inc.			
(Name o	of Corporation)		
P08000067046	_, a corporation organized un	der the laws of the State of	
(Document Number, if known)	<u>_</u> ,		
Florida			
	ignature of resigning officer/direc	O9 AUG 21 AM II: 51 SECRETARY OF STATI TALLAHASSEE, FLORI	į,

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

FILING FEE IS \$35.00

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