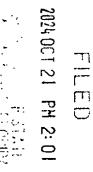
## 

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer	
J. HORNE	
NOV - 7 2024	

Office Use Only



## **COVER LETTER**

TO: Amendment Section Division of Corpora	ntions
SUBJECT: KENSINGT	ON PARK CONDOMINIUM ASSOCIATION, INC.
	(Name of Corporation)
DOCUMENT NUMBER:	761194
The enclosed Resignation of	of Registered Agent for a Corporation and fee are submitted for filing
Please return all correspond	dence concerning this matter to the following:
Tina Yamada	
	ne of Person)
Vista Community A	ssociation Management
(Name of	f Firm/Company)
323 Circle Dr	
(,	Address)
Maitland, FL 32	2751
(City/Sta	te and Zip Code)
For further information cor	ncerning this matter, please call:
Tina Yamada	rson) at (407)682-3443 (Area Code & Davtime Telephone Number)
(Name of Pe	rson) (Area Code & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION
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Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509:  Tina Yamada  (Name of Registered Agent)  KENSINGTON PARK CONDOMINIUM ASSOCIATION, INC.
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509;
Florida Statutes, the undersigned, Ina Yamada
(Name of Registered Agent)
ICICHY ICSIGNS AS INCUISICICA MARCHE IOI
(Name of Corporation)
761194
(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 his statement is filed.
Ilniv Marie
(Signature of Resigning Agent)
f signing on behalf of an entity:
Tina Yamada
(Typed or Printed Name)
Agent
(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