7/00000023

A	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:
Special instruction	s to Pilling Officer.

Office Use Only



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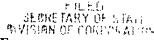
COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: KS Energy Services, Inc. (Name of Corporation)	
(Name of Corporation) DOCUMENT NUMBER: F1000000223	
The enclosed Resignation of Registered Agent for a Corporation and t	ee are submitted for filing.
Please return all correspondence concerning this matter to the following	ng:
Bruce B. Hubbard	
(Name of Person)	
Hubco	
(Name of Firm/Company)	
238 West Jericho Turnpike	
(Address)	
Huntington Station, NY 11746 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Laurie Wilson at (516) 813- (Name of Person) (Area Code & Daytime	1186 e Telephone Number)
Enclosed is a check made navable to the Florida Department of State	for \$87.50 for an active corners

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

2017 JAN 23 AM 8: 36

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Hubco Registered Agent Services, Inc.
(Name of Registered Agent)
hereby resigns as Registered Agent for KS Energy Services, Inc.
(Name of Corporation)
F1000000223
(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.
B-b- Hvelelref
(Signature of Resigning Agent)
If signing on behalf of an entity:
Bruce B. Hubbard
(Typed or Printed Name)
President
(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