144136

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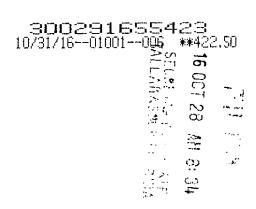
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Tallahassee, Florida 32312
(850) 656-4724
SUNSHINECORPORATE2014@GMAIL.COM

Date: 10-28-16	***,
ENTITY NAME:	
KINWIN INC.	
PLEASE FILE THE ATTACHED AND RET	TIRN:
Plain Copy	. Old v.
Certified Copy	
PLEASE OBTAIN THE FOLLOWING FOR THE All Document Number:	BOVE ENTITY:
Certified Copy of Arts & Amendments	
Certificate of Good Standing	
APOSTILLE'/NOTARIAL CERTIFICAT: COUNTRY OF DESTINATION_ NUMBER OF CERTIFICATES REQUESTED	ION:
	···
TOTAL AMOUNT OWED: 8.750 CHECK NUMBER: 3016 PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION	on on this matter.
Thank you!	the the contraction of
Tina Goff, President	··, 11

COVER LETTER

Division of Corporations	
SUBJECT: KINWIN INC.	
(Name of Corporation)	
DOCUMENT NUMBER: L44136	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for the	filing
Please return all correspondence concerning this matter to the following:	
Krystal Johnson, Paralegal	
(Name of Person)	
Miller & Martin PLLC	
(Name of Firm/Company)	
832 Georgia Ave., Suite 1200 (Address)	
Chattanooga, TN 37402 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Krystal Johnson, Paralegal at (423) 785-8477 (Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

TO: Amendment Section

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

4 - 1 - 1 - v

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	ions of sections 607.0502(2), 617.05			
Florida Statutes, the	ndersigned, NRAI Services, Inc	C		
	(Mail)	e or tregistered whenth		
herehy regions as Re	istered Agent for KINWIN INC) .		
nordby resigns as ite	(Na	ame of Corporation)	•	
L44136				
(Document Nun	per, if known)			
A copy of this resign	tion was mailed to the above listed o	corporation at its last known address.		
The agency is termin this statement is filed	ted and the office discontinued on the	ne 31st day after the date on which		
	(Signature of Resigning A	(gent)		
If signing on behalf o	fan entity:			
	latalie Leiba-Paul		2 S	(Prop.
	(Typed or Printed Nam	ie)	3 7	
•			<u>, ε</u> σ	
	Assistant Secretary			د. خدر
	(Capacity)		(i) = 00	

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