L44136

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Pfione #)
PICK-UP WAIT MAIL
(Business Entity Name)
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SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive
Tallahassee, Florida 32312
(850) 656-4724
SUNSHINECORPORATE2014@GMAIL.COM

Date: 10-28-16	····
ENTITY NAME:	
KINWIN IXIC.	
PLEASE FILE THE ATTACHED AND RETU Plain Copy Certified Copy	JRN:
PLEASE OBTAIN THE FOLLOWING FOR THE ABO Document Number: Certified Copy of Arts & Amendments	OVE ENTITY:
Certificate of Good Standing	
APOSTILLE'/NOTARIAL CERTIFICATION COUNTRY OF DESTINATION NUMBER OF CERTIFICATES REQUESTED)N:
TOTAL AMOUNT OWED: 35.00 CHECK NUMBER: 3016 PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION Thank you!	ON THIS MATTER.
Tina Coff President	

TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: KINWIN INC.	
(Name of Corpor DOCUMENT NUMBER: L44136	ation)
DOCUMENT NUMBER: 2 1 1 1 3	
The enclosed Officer/Director Resignation for a Corporation	and fee are submitted for filing.
Please return all correspondence concerning this matter to the	e 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 at (423	785-8477 & Daytime Telephone Number)
(Name of Person) (Area Code	& Daytime Telephone Number)

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

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

TO: Amendment Section

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_I Hugh F. Sharber	, hereby resign as Secretary	
<u> </u>	, 110100y 1031gi1 45	(Title)
of KINWIN INC.		
(Name of C	orporation)	
L44136	corporation organized under the la	ws of the State of
(Document Number, if known)		
Florida		
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		7016 001 28
. 1	12-11	3 6 J
	of 7 Sharber	
(Signa	ature of resigning officer/director)	`r.
		<u> </u>
		(i)

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