N16000005905

(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:	

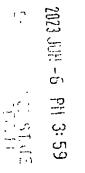
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S. CHATHAM AUG - 8 2023

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TRANSMITTAL LETTER

Division of Corporations

SUBJECT: KKIDS, LINC.

DOCUMENT NUMBER: NO DODD 5905

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Holly March (Name of Person)

(Name of Firm/Company)

(Address)

Work Fort Myess Ff. 3317

(City/State and Zip Code)

For further information concerning this matter, please call:

Holly March (Name of Person)

at (231, 246 - 0442)

(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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. Holly Marth, hereby resign as_	Secretary (Title)
of Khicks Oncome (Name of Corporation)	,
M1600005905, a corporation organized un (Document Number, if known)	nder the laws of the State of
P1001010	2923 JUN - S
Signature of resigning officer/direct	ctor) 3.59

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