

N 160000 10193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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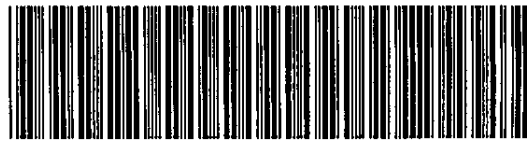
(Business Entity Name)

(Document Number)

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ALLAHABAD FIDELITY

AD-Rain

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Kingdon Builders Restoration & Empowerment Center
(Name of Corporation)

DOCUMENT NUMBER: N16000010193

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK ADAMS
(Name of Person)

Kingdon Builders Restoration & Empowerment Center INC
(Name of Firm/Company)

5801 22nd Avenue North or P.O. Box 530695 St. Petersburg FL 33747
(Address)

St. Petersburg, FL. 33760
(City/State and Zip Code)

For further information concerning this matter, please call:

MARK ADAMS at (813) 381-2325
(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

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

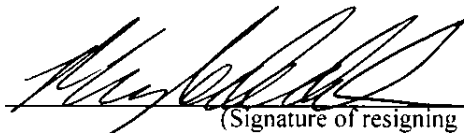
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MAYFIELD PARKER, hereby resign as DIRECTOR
(Title)

of KINGDOM BUILDERS RESTORATION & EMPOWERMENT CENTER INC.
(Name of Corporation)

N16000010193, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.


(Signature of resigning officer/director)

FILED
18 FEB 15 AM 10:39
TALLAHASSEE, FLORIDA

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