Posoon60023

(Re	questor's Name)	_
(Ad	dress)	_
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•		
(Cit	ty/State/Zip/Phone	∋ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

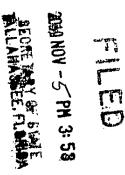
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: THE KIND GROUP INC. (Name of Corporation)
DOCUMENT NUMBER: <u>Po 5000 /60023</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person)
THE KIND GROUP, INC. (Name of Firm/Company)
P.O. Box 507 (Address)
MONTICALD, FL 32345 (City/State and Zip Code)
For further information concerning this matter, please call:
Softw Hawkins at (850) 509-0195 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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			GROUP, I	NC		, •
	lumber, if kno	, 400	orporation organized t	ınder the laws of	the State of	
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		(M)	/ pudio			
		Signatu	ry of resigning officer/dir	ector)	ACCUE I	die a
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Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314