## P08000000554

| (Req                                    | uestor's Name)   |             |  |  |
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| (Add                                    | (Address)        |             |  |  |
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|   |                  |             |  |  |
| (City/State/Zip/Phone #)                |                  |             |  |  |
|   | •                | ,           |  |  |
| PICK-UP                                 | ☐ WAIT           | MAIL        |  |  |
|   |                  |             |  |  |
| (Bus                                    | iness Entity Nar | ne)         |  |  |
|   |                  |             |  |  |
| (Document Number)                       |                  |             |  |  |
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| Special Instructions to Filing Officer: |                  |             |  |  |
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Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION   | N:                             | KOSKI WOODWORK C   | ORP   |  |
|---|--------------------------------|--|---|--|
| DOCUMENT NUMBER:  |                                | P08000020554   |   |  |
| The enclosed Articles of Ame  | ndment and fee are             | submitted for filing.  |   |  |
| Please return all corresponden  | ce concerning this             | matter to the following:   |   |  |
|   | MAF                            | RCOS REZENDE   |   |  |
|   | Nar                            | ne of Contact Person   |   |  |
|   | CSG - CAPITA                   | AL SERVICES GROUP INC  |   |  |
|   | Firm/ Company                  |  |   |  |
|   | 446 W HILLSBORO BLVD           |  |   |  |
|   |                                | Address  |   |  |
|   |                                | ELD BEACH, FL 33441  |   |  |
|   | City                           | :/ State and Zip Code  |   |  |
| E-ma  | il address: (to be used        | for future annual report notification)                                     | <u></u>   |  |
| For further information conce   | rning this matter, p           | lease call:  |   |  |
| MARCOS RE   | ZENDE                          | at ( <u>954</u> ) Area Code & Daytime To                                   | 427-4770  |  |
| Name of Contact P   | erson                          | Area Code & Daytime To   | elephone Number   |  |
| Enclosed is a check for the fo  | llowing amount ma              | de payable to the Florida Depa   | rtment of State:  |  |
|   | 5 Filing Fee & Teate of Status | ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)        | \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |
| Mailing Address Amendment Section Division of Corporation P.O. Box 6327 | ons                            | Street Address Amendment Section Division of Corporations Clifton Building |   |  |

2661 Executive Center Circle

Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| JOSE F DECAMPOS             | hereby resign as VICE PRESIDENT                        |  |
|-----------------------------|--|--|
| **                          | (Title)  |  |
| of KOSKI WOODWORK CORP      |  |  |
| (Name of Corporati          | on)  |  |
| P08000020554 .a corpo       | a corporation organized under the laws of the State of |  |
| (Document Number, if known) | C  |  |
| FLORIDA                     |  |  |

(Signature of resigning officer/director)

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 SECRETARY OF STALL AHASSEC, FI ORID