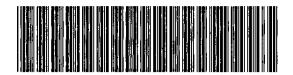
P08000041966

(Red	questor's Name)	
(Address)		
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Document Number)		
Certified Copies	Certificates	s of Status
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: BLAKKNOTEZ INC. (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER: P08000041966
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
KALIL JONES
(Name of Person)
BLAKKNOTEZ INC.
(Name of Firm/Company)
7990 N.W. 128TH LANE
(Address)
PARKLAND, FL 33076
(City/State and Zip Code)
For further information concerning this matter, please call:
KALIL JONES 21 (954) 325 9668
KALIL JONES at (954) 325 9668 (Name of Person) 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

FILED

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

SEGRETARY OF STATE

11 OCT -3 AM 9: 05

KALIL JONES	, hereby resign as PRESIDENT
7	(Title)
of_BLAKKNOTEZ INC.	,
(Name of Corporation	on)
P08000041966 , a corpor	ation organized under the laws of the State of
FLORIDA .	
eignature of r	esigning 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