

P09000001343

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : AIA REGISTERED AGENT INC.
Account Number : I20090000032
Phone : (866) 703-8828
Fax Number : (561) 202-8082

FILED
09 MAR 18 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT RESIGNATION

KINGDOM INNOVATIONS INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$87.50

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KINGDOM INNOVATIONS INC.
(Name of Corporation)

DOCUMENT NUMBER: P09000001343

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TINA MAKI

(Name of Person)

A1A REGISTERED AGENT INC.

(Name of Firm/Company)

5647 110TH AVENUE NORTH

(Address)

ROYAL PALM BEACH, FL 33411

(City/State and Zip Code)

For further information concerning this matter, please call:

TINA MAKI

(Name of Person)

at (866) 703-8828

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

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**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, A1A REGISTERED AGENT INC.

(Name of Registered Agent)

hereby resigns as Registered Agent for KINGDOM INNOVATIONS INC.

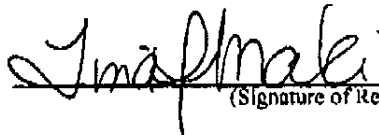
(Name of Corporation)

P09000001343

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

TINA MAKI

(Typed or Printed Name)

PRESIDENT

(Capacity)

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09 MAR 18 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314