P10000006818

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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
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| Special Instructions to Filing Officer: | | |
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Office Use Only



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T. CARTER

COVER LETTER

| TO: Amendment Section Division of Corporations | |
|--|----------------------|
| SUBJECT: MAD SKILZ, INC. | |
| (Name of Corporation) | |
| DOCUMENT NUMBER: P10000006818 | |
| The enclosed Officer/Director Resignation for a Corporation and fee are | submitted for filing |
| Please return all correspondence concerning this matter to the following: | |
| KATHY WOOD | |
| (Name of Person) | |
| | |
| (Name of Firm/Company) | |
| PO BOX 1976 | |
| (Address) | |
| ORMOND BEACH, FL 32175 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| KATHY WOOD (Name of Person) at (904) 361-8366 (Area Code & Daytime of Person) | 3 |
| (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 | |



OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

14 JAN -8 PM 1:56

| I. KATHY WOOD | , hereby resign as_ | VICE-PRESIDENT |
|---------------------------------------|------------------------------|-------------------------------|
| · · · · · · · · · · · · · · · · · · · | , | (Title) |
| of MAD SKILZ, INC. | | |
| (Name | of Corporation) | , , |
| P10000006818 | , a corporation organized un | ider the laws of the State of |
| (Document Number, if known) | | |
| FLORIDA | | |
| | | |

(Signatore 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