P10000101259

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | idress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | ısiness Entity Nar | ne) |
| (Dr | ocument Number) | |
| (5) | ocument Number, | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: | Amendment Section Division of Corporations |
|---------------------------------|--|
| SUB. | JECT: ROADKING INCORPORATED |
| | (Name of Corporation) |
| DOC | CUMENT NUMBER: P10000101259 |
| The e | enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Pleas | e return all correspondence concerning this matter to the following: |
| BEF | RTHA ROSARIO |
| | (Name of Person) |
| RO | SARIO ACCOUNTING & IMMIGRATION |
| | (Name of Firm/Company) |
| 169 | 53 NE 22 AVENUE |
| | (Address) |
| ⁱ NO | RTH MIAMI BEACH, FL 33160 |
| 1 | (City/State and Zip Code) |
| For f | urther information concerning this matter, please call: |
| BER | RTHA ROSARIO at (305) 945-7686 (Name of Person) (Area Code & Daytime Telephone Number) |
| | (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclo | osed is a check for \$35.00 made payable to the Florida Department of State. |
| Amer Divis Clifto 2661 | Mailing Address: Amendment Section Amendment Section Division of Corporations On Building Executive Center Circle hassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 |

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, ARIANA BELLO | , hereby resign as PRESIDENT | | | |
|-----------------------------|--|--|--|--|
| | | (Title) | | |
| of ROADKING INCORPORA | TED | | | |
| | Name of Corporation) | · | | |
| P10000101259 | a cornoration organized under the laws | , a corporation organized under the laws of the State of | | |
| (Document Number, if known) | a corporation organized under the laws | or me state or | | |
| FLORIDA | | | | |
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| () - | - R OO | <u> </u> | | |

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