P17000090169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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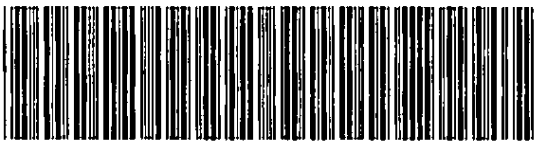

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09/01/22--01026--027 **35.00

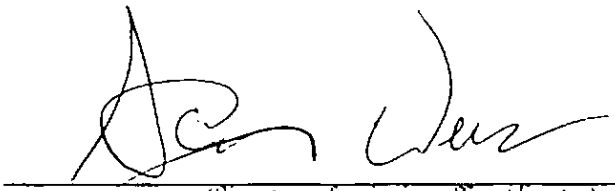
11/8/2022

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, Scott Wells, hereby resign as V P (Title)

of Kost Truss Inc (Name of Corporation)

P17000090169 (Document Number, if known), a corporation organized under the laws of the State of 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