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(Requestor's Name)			
(Address)			
(Address)			
• ,			
(City/State/Zip/Phone #)			
(Orly outer Elph Hone H)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

Academy of Knowledge, INC	;	
SUBJECT:P18000027422 DOCUMENT NUMBER:	(Name of Cor 2	poration)
The enclosed Officer/Director Resignation t	or a Corporat	ion and fee are submitted for filing
Please return all correspondence concerning	this matter to	o the following:
Veronica Mestre		
(Name of Person)		<u> </u>
Academy of Knowledge, INC.		
(Name of Firm/Company)		
981 Tramells Trl.		
(Address)		
Kissimmee, FL 34744		
(City/State and Zip Code)		
For further information concerning this matt	er, please cal	1:
Veronica Mestre		278-6776
(Name of Person)	_ at ((Area C	ode & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

Angel Bonarrico	VP , hereby resign as	SECRETARY OF STATE TALLANASSEE, FEGRIDA
Academy of Knowledge, INC of		
(Name of Cor	poration)	
P18000027422	corporation organized under t	he laws of the State of
(Signat	are of resigning officer/director)	<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