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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : BAKER & HOSTETLER LLP

Account Number : I19990000077

Phone : (407)649-4016

Fax Number

: (407)841-0168

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT RESIGNATION KD OWNER, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT:			
(N	Name of Corporation)		
DOCUMENT NUMBER: P18000057904			
The enclosed Resignation of Registered Age	ent for a Corporation and fee are submitted for	filing.	
Please return all correspondence concerning	this matter to the following:		
Evelyn Rodriguez		202311:0, 24	
(Name of Person)		ë.	
Baker & Hostetler, LLP		21,	
(Name of Firm/Company)		ू हुन इस	.=
200 S. Orange Avenue, SUITE 2300		2. 8: 2	
(Address)	<u> </u>		
Orlando, Florida 32801			
(City/State and Zip Code)			
For further information concerning this matt	ter, please call:		
Evelyn Rodriguez	407 649-4071 at ()		
(Name of Person)	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

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

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

•	ns 607.0503(2), 617.0502(2), 607.1509, 6r 617.1509,				
Florida Statutes, the undersigned, \(\frac{1}{2}\)	undersigned, David L. Schick				
	(Name of Registered Agent)				
hereby resigns as Registered Agent	KD Owner, Inc.				
totoo) reagas as registered rigett	(Name of Corporation)				
P18000057904					
(Document Number, if known)					
A copy of this resignation was mail	led to the above listed corporation at its last known address				
The agency is terminated and the of this statement is filed.	(Signature of Resigning Agent)				
	(Signature of Resigning Agent)				
If signing on behalf of an entity:	C'Syned to Printed Name)				
	(Typed or Printed Name)				
	(Capacity)				

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