

P21000061093 XIN

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

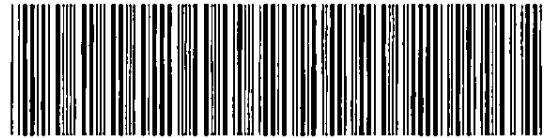
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



500436972215

09/24/24--01022--015 **35.00

2024 SEP 24 PM 5:44
SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA STATE DISBURSEMENT UNIT



9/16/2024

AMENDMENT SECTION DIVISION OF CORPORAT
PO BOX 6327
TALLAHASSEE, FL 32314

Dear Remitter:

Re: Return payment enclosed. Check # 00275 \$ 35.00
Work Item Date: 9/16/2024 Work Item Seq: 12878

Your child support payment is being returned for the following reason(s):

- ☐ The date on the payment instrument is postdated beyond the acceptable date range.
- ☐ The payment instrument is not made payable to the Florida State Disbursement Unit. **Do not alter and resubmit the same check or money order.**
- ☐ The written dollar amount is missing from your payment instrument.
- ☐ The payment instrument is not presented in US funds. Please submit a new check payable in US funds.
- ☐ The payment instrument is not signed. Please sign the payment instrument and resubmit.
- ☐ The payment instrument has been changed.
- ☐ The payment instrument was damaged when received and could not be processed.
- ☐ We can no longer accept personal checks on your account. Our records indicate your account has an insufficient funds/ stop payment history on previously submitted payments. Please resubmit your payment by money order, cashier's check, or certified check payable to the Florida State Disbursement Unit. Mail your payment to the Florida State Disbursement Unit. Payments may also be made with a credit card at myfloridacounty.com or fl.smartchildsupport.com.
- ☒ The post office delivered this payment in error, therefore it is being returned to you.
- ☐ There are no posting instructions included with your payment. Please resubmit your payment along with the case information for which it is intended.
- ☐ Administrative cost.
- ☐ The payment that was submitted is payable only to the Clerk of Court. Please contact your Clerk of Court for receipting instructions.
- ☒ Other: 17

The child support account has not been credited for this returned payment. Payments may be made with a credit card at myfloridacounty.com or fl.smartchildsupport.com or mailed to:

Florida State Disbursement Unit
P.O. Box 8500
Tallahassee, Florida 32314

Thank you.

Florida State Disbursement Unit

420012876

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

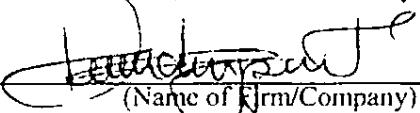
SUBJECT: 3K SERVICES USA Corp.
(Name of Corporation)

DOCUMENT NUMBER: P21000061093

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KENDRY BOMPART
(Name of Person)


(Name of Firm/Company)

1320 OSPREY COVE CT
(Address)

ORLANDO FL. 32837
(City/State and Zip Code)

For further information concerning this matter, please call:

VANESA ALVARADO at (407) 9733835
(Name of Person) (Area Code & 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:

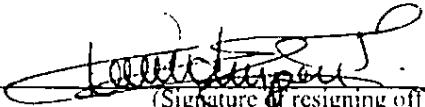
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, KENDRY BOMPART, hereby resign as Vic. President
(Title)

of BK SERVICES USA CORP.
(Name of Corporation)

P21000061093, a corporation organized under the laws of the State of
(Document Number, if known)
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

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TALLAHASSEE, FL