Requester's Name Address

Office Use Only

(Corporation Name)  (Corpo		;	700003633627— -02/05/0101121010 
(Corporation Name)  (Corpo	(Corporation Name)	** (Document #)	
(Corporation Name)  (Corpo	(Corporation Name)	(Document #)	<del>्रा</del>
Walk in Pick up time Certified Copy  Mail out Will wait Photocopy  Certificate of Status  AMENDMENTS  Amendment  Resignation of R.A., Officer/Director  Change of Registered Agent	(Corporation Name)	(Document #)	
Mail out  Will wait  Photocopy  Certificate of Status  AMENDMENTS  AMENDMENTS  Amendment  Resignation of R.A., Officer/Director  Change of Registered Agent	(Corporation Name)	(Document #)	OI I
Profit  Not for Profit  Not for Profit  Change of Registered Agent  AMENDMENTS  Amendment  Resignation of R.A., Officer/Director		Photocopy	Certificate of Status
Annual Report Fictitious Name  REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark  Other	Profit Not for Profit Limited Liability Domestication	Amendment Resignation of R Change of Registe Dissolution/Without	A., Officer/Director
- Oulei	Annual Report	Foreign Limited Partnersh Reinstatement	ualification  poquology  poquology  poquology

## OFFICER / DIRECTOR RESIGNATION

I, Son Im Buons, hereby resign as P/P/7	/5	
of SHK Enterpreses, Incorporated (Name of Corporation)		
a corporation organized under the laws of the State of		
and affirm that the corporation has been notified in writing of the resignation.	OI FEB SECRET	emopole E É
Xbox Im Dunz (Signature of resigning officer/director)	ARY OF	
	2: 53 STATE LORIDA	

## FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314