PXXXXXO/2543

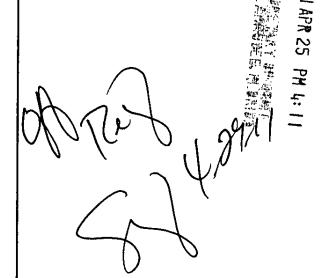
(Re	equestor's Name)	* **********
(Ad	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nan	ne)
(Do	ocument Number)	***
Certified Copies	Certificates	of Status
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: J.E.J.C. (Name of Corporation)
DOCUMENT NUMBER: P60600012543
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ELAINE MARIE ARUNDELL (Name of Person)
(Name of Firm/Company)
3112. S.FLORIDA Aue.
City/State and Zip Code)
For further information concerning this matter, please call:
TAY ARUNGEC at (863) 800-5967 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

CR2E044 (8/05).

Mailing Address:
Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

i, Elaine Arur	ndell , hereby resign a	as Vice President + Treasure	
of(\frac{1}{\chi_{\chi_{\chi}}}	J.E. JRJN	•	V
P 000000 12543 (Document Number, if known)	, a corporation organized	d under the laws of the State of	
FLORIDA	<u>. </u>		
—————	(Signature of resigning officer/dia	lirector)	

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