Requester's Name Address City/State/Zip Phone

Office Use Only

CORPORATION NAME(S)	& DOCUMENT	NUMBER(S),	(if known)):
---------------------	------------	------------	------------	----

1(Corporation Name)	100035116515 -12/22/0001054020 (Document#) *****35.00 *****35.00
2. (Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4	Certified Copy Photocopy Certificate Fistatus Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other TEROWN JAN - 5 2001
•	Examiner's Initials

CR2E031(7/97)

FILED 00 DEC 22 PM 12: 29 SECRETARY OF STATE TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION

I, Dimitri De des , hereby resign as Director (Title)	
of J Nelson Inc. (Name of Corporation)	
a corporation organized under the laws of the State of Florido	
and affirm that the corporation has been notified in writing of the resignation.	
(Signature of resigning officer/director)	•

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