P01000001260

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
, , , , ,		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(business Entity Name)		
(Document Number)		
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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJI.	JACKSONVILLE PROPERTIES HOLDING CORP.	
	(Name of Corporat	ion)
DOCU	MENT NUMBER: P01000001260	
The en	closed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing.
Please	return all correspondence concerning this matter to t	he following:
Stephen	Scruby	
	(Name of Person)	-
Nelson i	Mullins	
	(Name of Firm/Company)	-
50 N. L.	aura St., Suite 4100	
	(Address)	•
Jackson	ville, Florida 32202	
	(City/State and Zip Code)	-
For fur	ther information concerning this matter, please call:	
Stephen	- , ,	6653610
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
Tallahassee, FL 32303
Tallahassee, FL 32303
Tallahassee, FL 32303

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections (607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Dani	iel B. Nunn, Jr.
	(Name of Registered Agent)
hereby resigns as Registered Agent for	JACKSONVILLE PROPERTIES HOLDING CORP.
nereny resigns as registered Agene for	(Name of Corporation)
P01000001260	
(Document Number, if known)	
A copy of this resignation was mailed	to the above listed corporation at its last known address.
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the date on which
(S	ignature of Resigning Agent)
If signing on behalf of an entity:	
Stephen	(Typed or Printed/Name)
	(Capacity)

Fee for filing this document: \$87.50 - Active Corporation

\$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withdrawn corporation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