## 2020000 42209

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(8u	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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03/36/20--01003--037 \*\*140.00



## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Didea Speaking - Rousen, hereby resign as Director
(Title)
of Jack Inc. (Name of Corporation)
P02000 42209 a corporation organized under the laws of the State of (Document Number, if known)
Florida
ulch 12
(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