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TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: Jackson ville Title Lein, Inc. (Name of Corporation) |
| DOCUMENT NUMBER: PO3 OCOO 43815 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following: |
| David Mullis (Name of Person) |
| Tackson ville Tithe chain, Inc (Name of Firm/Company) |
| 3661 M.mosa St (Address) |
| Jackson ville, Fz 32207 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| De Sid Multis at (904) Z51-4801 (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for \$35.00 made payable to the Florida Department of State. |
| Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399 |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, _ | Lewis H. Scheids | hereby resign as Director |
|-----------------------|-----------------------------|--|
| | | (Title) |
| of_ | Jacksonville a | euto Title & Lien, INC. |
| (Name of Corporation) | | |
| | P030000 43815 | , a corporation organized under the laws of the State of |
| | (Document Number, if known) | |
| | Florida | |

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