

| (Rec | questor's Name) | | | |
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| (Add | dress) | | | |
| (Add | dress) | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | WAIT | MAIL | | |
| (Bus | siness Entity Nar | ne) | | |
| (Doc | cument Number) | | | |
| | · | | | |
| Certified Copies | Certificates | s of Status | | |
| Special Instructions to F | Filing Officer: | | | |
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COVER LETTER

| TO: | Amendment Section Division of Corporations | | | | |
|----------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------|--|--|
| SUBJ | ECT: d.s.v.s incorporation | | | | |
| | (Name of Corporation) | | | | |
| DOCU | ument number: <u> </u> | 2F 0011000 | FIN 06-1775922 | | |
| The er | nclosed Officer/Director Resig | nation for a Corporation | and fee are submitted for filing. | | |
| Please | return all correspondence cor | ncerning this matter to the | ne following: | | |
| Joan | nes John Dominic | , | | | |
| | (Name of Pers | on) | | | |
| Jiffi f | oods (D.S.V.S INC) | | | | |
| | (Name of Firm/Co | mpany) | | | |
| 810 | NE 11th Ave | | | | |
| | (Address) | · · · · · · · · · · · · · · · · · · · | | | |
| Ocal | a, FL 34470 | | | | |
| | (City/State and Zip | Code) | | | |
| For fu | rther information concerning | his matter, please call: | • | | |
| Domi | nic John | at (352 | 361 1682 | | |
| | (Name of Person) | (Area Cod | 361 1682 e & Daytime Telephone Number) | | |
| Enclos | sed is a check for \$35.00 made | e payable to the Florida | Department of State. | | |
| | A. J. J | Mailing Adduses | | | |
| Ameno Division Clifton 2661-I | Address: dment Section on of Corporations n Building Executive Center Circle assec, FL 32301 | Mailing Address: Amendment Section Division of Corporatio Post Office Box 6327 Tallahassec, FL 32314 | • | | |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, JOHNE STOPHH | OOMINIChereby resign as TIRE ASUREIR (Title) | <u>-</u> |
|--------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| of D.S.V.S. INC | of Corporation) | |
| H 06 000 11 80 76 (Document Number, if known) | _, a corporation organized under the laws of the State of | |
| FLORIDA | | |
| | Signature of resigning officer/director) | DIVISION OF CORPORATION OF STATE OF CORPORATION OF |

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