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| (Requestor's Name) | | | | | | |
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| PICK-UP | WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | ed Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

| 3000 700 700 |
|--|
| SUBJECT: JADE ZIOZ INC (Name of Corporation) |
| DOCUMENT NUMBER: Po 9 0000 98884 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| NASIELSKY MAURICIO (Name of Person) |
| (Name of Firm/Company) |
| 18683 COLLINS AVE # ZZO3 |
| Sunny Isles beach, FL, 33160 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| H. 60's at (305) 998-8366 (Name of Person) at (305) Q98-8366 (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 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301 |

... OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| _{I.} M | 1AURICIO | NASIEL | Sky, here | eby resign as | PVST | |
|-----------------|-----------------------|---------|-----------|--------------------|-------------------|-------------|
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| of | JADE | 210 Z | INC | | | |
| | Occument Number, if P | 84 | | organized und | er the laws of th | ne State of |
| F | Corida | <u></u> | | | | |
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| | | . 4 | 1 | -1. | | |
| | | | NAS E | ng officer/directo | or) | |

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