P14000030598

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SECRETARY OF STATE FALLAHASSEE, FLORIDA

APPROVED AND FILFO



OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_{I.} Mark Anthony Gut	tillo hereby resign as Secretary			
···	(Title)			
of Vincent's Jewelry & Coin, Inc.				
(Name of Corporation)				
P14000030598 (Document Number, if known)	, a corporation organized under the laws of the State of			
Florida				

Joseph Hitch P.O.a. For Mark Anthony Getillo (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

14 NOV 10 AM 4: 24
SECRETARY OF STATE
ATALLAHASSEE FLORIDA

AFOROVED FILED

GENERAL POWER OF ATTORNEY

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU! ATER WISH TO DO SO

11	HIS POWER OF ATTORNEY IF YOU L	ATER WISH TO DO	SO.		
I, _ 33	Mark Anthony Gutillo 772Seminole, Florida	(YOUR FULL LE	GAL NAME], residing at ADDRESSI, hereby app	11658 Grove Street Ser	minole, FL of
_	Seminole, Florida_	, as my Attorney	-in-Fact ("Agent").		
		•		•	١,
if r	my Agent is unable to serve for any reas Seminole, FLorida as my	son, I designate successor Agent.	Kathy Gutillo		_, of
se	ereby revoke any and all general power ntence shall not have the effect of revol ve been signed by me.	rs of attomey that pr king any powers of a	eviously have been signe ttorney that are directly re	d by me. However, the pre- elated to my health care tha	ceding at previous
ma	Agent shall have full power and author anage and conduct all of my affairs and ay acquire in the future. My Agent's pow	to exercise all of my	legal rights and powers,	including all rights and pow	
1. of	Open, maintain or close bank accounts deposit), brokerage accounts, and othe	s (including, but not l er similar accounts wi	imited to, checking accou th financial institutions.	nts, savings accounts, and	l certificates
to,	Conduct any business with any bankin making deposits and withdrawals, obta vouchers payable to me by any person	aining bank statemen	ts, passbooks, drafts, mo	my accounts, including, bu iney orders, warrants, and	it not limite certificates
	Perform any act necessary to deposit, cluding U.S. Treasury Securities.	negotiate, sell or tra	nsfer any note, security, o	or draft of the United States	of America
C.	Have access to any safe deposit box the	hat I might own, inclu	iding its contents.		
	Sell, exchange, buy, invest, or reinvest oducing or non-income producing asset		erty owned by me. Such a	ssets or property may inclu	ide income
3.	Purchase and/or maintain insurance, in	ncluding life insuranc	e upon my life or the life	of any other appropriate pe	rson.
4. aga	Take any and all legal steps necessary ainst me or asserted on my behalf against	y to collect any amou inst any other person	int or debt owed to me, or or entity.	to settle any claim, whether	er made
5.	Enter into binding contracts on my beh	nalf.			
	Exercise all stock rights on my behalf a restments.	as my proxy, includin	g all rights with respect to	stocks, bonds, debenture	s, or other

- 7. Maintain and/or operate any business that I may own.
- 8. Employ professional and business assistance as may be appropriate, including attorneys, accountants, and real estate agents.
- 9. Sell, convey, lease, mortgage, manage, insure, improve, repair, or perform any other act with respect to any of my

property (now owned or later acquired) including, but not limited to, real estate and real estate rights (including the right to remove tenants and to recover possession). This includes the right to sell or encumber any homestead that I now own or may own in the future.

- 10. Prepare, sign, and file documents with any governmental body or agency, including, but not limited to, authorization to:
 - a. Prepare, sign and file income and other tax returns with federal, state, local, and other governmental bodies.
 - b. Obtain information or documents from any government or its agencies, and negotiate, compromise, or settle any matter with such government or agency (including tax matters).
 - c. Prepare applications, provide information, and perform any other act reasonably requested by any government or its agencies in connection with governmental benefits (including military and social security benefits).

11. Make gifts from my asset	ts to members o	f my family and to such other persons or charitable organizations with whom I er, my Agent may not make gifts of my property to the Agent. I appoint
Thave all established patients	\sim \sim \sim	of
		as my substitute Agent for the sole purpose of making girts of my property to
my Agent, as appropriate.		

- 12. Transfer any of my assets to the trustee of any revocable trust created by me, if such trust is in existence at the time of such transfer.
- 13. Disclaim any interest which might otherwise be transferred or distributed to me from any other person, estate, trust, or other entity, as may be appropriate.

This Power of Attorney shall be construed broadly as a General Power of Attorney. The listing of specific powers is not intended to limit or restrict the general powers granted in this Power of Attorney in any manner.

Any power or authority granted to my Agent under this document shall be limited to the extent necessary to prevent this Power of Attorney from causing: (i) my income to be taxable to my Agent, (ii) my assets to be subject to a general power of appointment by my Agent, and (iii) my Agent to have any incidents of ownership with respect to any life insurance policies that I may own on the life of my Agent.

My Agent shall not be liable for any loss that results from a judgment error that was made in good faith. However, my Agent shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney.

I authorize my Agent to indemnify and hold harmless any third party who accepts and acts under this document.

My Agent shall be entitled to reasonable compensation for any services provided as my Agent. My Agent shall be entitled to reimbursement of all reasonable expenses incurred in connection with this Power of Attorney.

My Agent shall provide an accounting for all funds handled and all acts performed as my Agent, if I so request or if such a request is made by any authorized personal representative or fiduciary acting on my behalf.

This Power of Attorney shall become effective immediately and shall not be affected by my disability or lack of mental competence, except as may be provided otherwise by an applicable state statute. This is a Durable Power of Attorney. This Power of Attorney shall continue effective until my death. This Power of Attorney may be revoked by me at any time by providing written notice to my Agent.

Man A talls

CANDI BEARD

MY COMMISSION # DD 248772

EXPIRES: September 10, 2007

Bonded Thru Notary Public Underwriters

WITNESS' SIGNATURE:

WITNESS' SIGNATURE:

WITNESS' PRINTED FULL LEGAL NAME:

Acknowledgement:

STATE OF FIGURAS

The foregoing instrument was acknowledged before me this day of Orthology 2005 by

Nark Anthony Gull Group Full Legal NAME, who is personally knowing me or who has produced as identification.

Signature of person taking acknowledgment

Name typed

Acknowledgement:

Signature of person taking acknowledgment

Name typed

Acknowledgement:

Title or rank