

794 0000 43393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

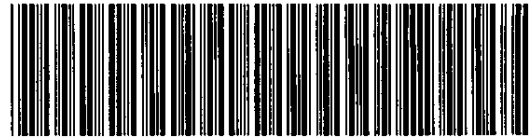
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

14 JUL 14 AM 8:18

FILED

JUL 25 2014

C. CARROTHERS

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Robert Jackson, hereby resign as President (Title)

of Jackson Adjustment Co., Inc.
(Name of Corporation)

P94000043393, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(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

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TALLAHASSEE, FLORIDA