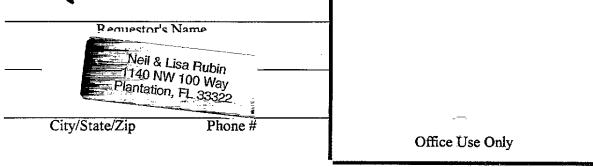
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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

| 1. | | | |
|-----------|--------------------|-----------------------|-------------|
| | (Corporation Name) | (Document #) | |
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| | (Corporation Name) | (Document #) | |
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| | (Corporation Name) | (Document #) | %3 J [|
| 4 | | | me z m |
| | (Corporation Name) | (Document #) | ST - 0 |
| | | | REAL S |
| ☐ Walk in | Pick up time | Certified (| |
| Mail out | ☐ Will wait | Photocopy Certificate | e of Status |

| NEW FILINGS |
|-------------------|
| Profit |
| NonProfit |
| Limited Liability |
| Domestication |
| Other |

| | AMENDMENTS |
|---|---------------------------------------|
| | Amendment |
| | Resignation of R.A., Officer/Director |
| | Change of Registered Agent |
| ł | Dissolution/Withdrawal |
| | Merger |

| 1 | 00002840 | 2013 |
|------|------------|--------------------|
| M.s. | -04/15/990 | 1074005 |
| | *****35.00 | ****35 , 00 |

| OTHER FILINGS |
|------------------|
| Annual Report |
| Fictitious Name |
| Name Reservation |

| REGISTRATION/ |
|---------------------|
| Foreign |
| Limited Partnership |
| Reinstatement |
| Trademark |
| Other |

PARON NE 25

Examiner's Initials

OFFICER / DIRECTOR RESIGNATION

| I, <u>Weil RUBIN</u> , hereby resign as <u>UIC</u> | Title) |
|--|---------------------|
| of Joues + Associates Consultants Fice (Name of Corporation) | Diport 196 010050,0 |
| a corporation organized under the laws of the State of Florida | |
| and affirm that the corporation has been notified in writing of the resignation. | 99 APR 15 |
| (Signature of resigning officer/director) | EFOR P T |

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314