

1402000005763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

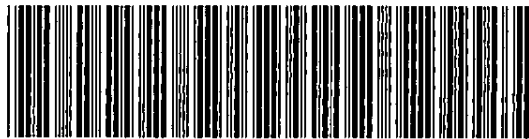
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Change
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Shiloh Adventure, Inc +
(Name of Corporation)

DOCUMENT NUMBER: N02000005763

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Doug Brown
(Name of Contact Person)

Shiloh Adventure, Inc
(Firm/Company)

PO Box 74
(Address)

Cocoa, FL 32923-0074
(City/State and Zip Code)

For further information concerning this matter, please call:

Melinda Larsen at (321) 749-6113
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

